

Shropshire Council
Legal and Democratic Services
Guildhall,
Frankwell Quay,
Shrewsbury
SY3 8HQ

Date: 12 November 2025

Committee:
Health and Wellbeing Board

Date: Thursday, 20 November 2025
Time: 9.30 am
Venue: The Shrewsbury Room, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

PLEASE NOTE THE CHANGE OF VENUE.

You are requested to attend the above meeting. The Agenda is attached.

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel [Here](#)

Tim Collard
Service Director – Legal, Governance and Planning

Members of Health and Wellbeing Board

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)
Councillor Heather Kidd – Leader, Shropshire Council
Councillor Ruth Houghton – PFH Social Care
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Tanya Miles – Executive Director for People
David Shaw – Director of Children's Services
Laura Fisher – Housing Services Manager, Shropshire Council
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin
Claire Horsfield - Director of Operations & Chief AHP, Shropcom
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB)
Paul Kavanagh-Fields – Chief Nurse and Patient Safety Officer, RJA
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby - Chief Officer, Partners in Care
Jamie Dunn - Superintendent, West Mercia Police

Your Committee Officer is Michelle Dulson

Tel: 01743 257719 Email: michelle.dulson@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting."

3 Minutes of the previous meeting (Pages 1 - 8)

To confirm as a correct record the minutes of the meeting held on 18 September 2025 (attached).
Contact: Michelle Dulson Tel 01743 257719

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 12noon on Friday 14 November 2025.

5 The National Neighbourhood Health Programme (NNHIP) progress update (Pages 9 - 14)

Report attached.
Naomi Roche, Public Health Principle, Shropshire Council
Ally Davies, National Neighbourhood Health Improvement Programme Coach (Shropshire), NHS Midlands and Lancashire CSU

6 Youth Transformation Pilot (Pages 15 - 70)

Report attached.
Helena Williams, Youth Support Team Manager, Shropshire Council
Natasha Moody, Families First Partnership (FFP) Strategic Lead, Shropshire Council

7 Place Universal Offer (PUO) (Pages 71 - 72)

Report attached.

Pete Ezard, Chief Executive Officer, Energize STW

8 Winter Support (Pages 73 - 74)

Report attached.

Jackie Jeffrey, Chief Officer, Citizens Advice, Shropshire

9 Better Care Fund 2025-26 quarter two template (Pages 75 - 78)

Report attached.

Jackie Robinson, Senior Integrated Commissioning Lead, NHS STW

If you would like a copy of Appendix A (BCF 2025-26 Q2 reporting template) to be emailed to you, please contact Michelle Dulson on 01743 257719

10 Health Protection- update on vaccinations (Pages 79 - 130)

Report attached.

Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

11 ICB Update (Pages 131 - 144)

Report attached.

Claire Parker, Director of Strategy & Development, NHS STW

Nigel Lee, Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW

12 Chair's Report

Cllr. Bernie Bentick, Portfolio Holder for Health and Public Protection, Shropshire Council

13 ShIPP Update (Pages 145 - 148)

Report attached.

Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

DRAFT / UNAPPROVED



Committee and Date

Health and Wellbeing Board

20 November 2025

DRAFT MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 18 SEPTEMBER 2025 9.00 - 11.30 AM

Responsible Officer: Michelle Dulson

Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present

Councillor Bernie Bentick – PFH Health & Public Protection (Co-Chair)
Councillor Ruth Houghton – PFH Social Care
Rachel Robinson - Executive Director of Health, Wellbeing and Prevention
Laura Fisher – Housing Services Manager, Shropshire Council (remote)
Simon Whitehouse – ICB Chief Executive Officer, NHS Shropshire, Telford and Wrekin (Co-Chair)
Claire Parker – Director of Partnerships, NHS Shropshire, Telford and Wrekin
Ben Hollands – Health and Wellbeing Strategy Implementation Manager, MPFT (remote)
Nigel Lee - Director of Strategy & Partnerships SATH and Chief Strategy Officer NHS STW (ICB)
Lynn Cawley - Chief Officer, Shropshire Healthwatch
Jackie Jeffrey - VCSA
David Crosby – Chief Officer, Partners in Care

Also present: Laura Tyler, Carla Bickley, Paula Mawson (remote), Jess Edwards (remote)

13 Apologies for Absence and Substitutions

Councillor Heather Kidd – Leader, Shropshire Council
Jamie Dunn - Superintendent, West Mercia Police

14 Disclosable Interests

No interests were declared.

15 Minutes of the previous meeting

RESOLVED:

That the minutes of the meeting held on 19 June 2025 be approved and signed as a correct record.

16 Public Question Time

No public questions had been received.

17 Winter Preparedness & Wellbeing Overview

STW Winter Plan – Draft

Gareth Wright, the Head of Clinical Operations, NHS STW introduced and amplified his report which updated the Board on planning for winter to date and sought approval of the winter plan. The plan focussed on operational readiness, vaccination campaigns, contingency planning, and collaborative efforts across health and community partners to manage winter pressures. It also included the completion of a modular build at Royal Shrewsbury Hospital, integration of out-of-hospital community services, and changes to the single point of access contract to provide alternatives to emergency department attendance. These changes were designed to strengthen system resilience and would endure beyond the winter period.

A key focus was on managing the 'festive fortnight,' which included multiple long weekends, by ensuring adequate staffing and creating operational headroom before and after the holiday period. The plan involved phased responses, including decompression and recovery phases post-peak demand.

In response to a query, the Head of Clinical Operations explained that the winter plan had been assured by NHS England through a regional assurance visit and a stress test exercise involving all care systems across the region. The stress test simulated baseline, surge, and super surge pressures, including high respiratory illness and cold weather, and highlighted the need to revisit contingency plans for concurrent incidents such as flooding or IT outages.

A further query was raised in relation to respiratory illness being a critical winter pressure and whether there were any plans for a change or increase in communication around vaccination programmes. In response, the Head of Clinical Operations explained that a system-wide communications campaign would be launched, focusing on informing the public about service options, the importance of vaccination, and promoting pharmacy and primary care as first points of contact. The campaign would use social media, radio, printed materials, and printed pharmacy bags to maximise reach.

Concerns were raised about rural pharmacy access and the need for extended pharmacy hours during winter. The Head of Clinical Operations committed to reviewing coverage, especially in rural areas, and to working with the chief pharmacist to address gaps. The importance of clear public messaging about where to access vaccinations was also emphasised.

In response to a query, the Director of Strategy and Partnerships reported that internal staff vaccination campaigns were scheduled to begin in October, led by the chief nurse, with peer vaccinators and board-level participation. The campaign aimed to maintain high staff vaccination rates, building on previous successes.

Vaccination Improvement plan

Rachel Robinson, the Executive Director for Public Health and Vanessa Watley the Chief Nursing Officer outlined the system's vaccination improvement plan, detailing efforts to increase uptake across all programmes, address inequalities, and enhance communications and outreach, particularly for at-risk and hard-to-reach groups.

The Executive Director for Public Health explained that the vaccination improvement plan was in draft and under ongoing discussion with NHS England. The plan aimed to improve uptake for all vaccination programmes, not just winter vaccines, and included a dashboard for monitoring progress. The plan also included a comprehensive communications and engagement strategy to disseminate key messages.

Data analysis had identified lower uptake among deprived and minority communities, those with chronic diseases, and specific age groups. The plan included targeted social media, pop-up clinics, and education initiatives to address barriers and improve access, with ongoing monitoring and adaptation based on feedback.

The team were awaiting confirmation of national funding to expand respiratory illness clinics, with system funding allocated to support practices regardless. Not all GP practices were participating in the COVID vaccination programme, so clear public information about available sites was a priority.

A comms toolkit for councillors was suggested along with targeted outreach to vulnerable groups, including those not on social media and those on low incomes.

Winter Wellbeing Support including cost of living

Amanda Cheeseman, the Public Health Development Officer and Hannah Thomas, the Community Wellbeing Team Manager presented Shropshire Council's winter well-being support initiatives, being provided by the Council in partnership with the voluntary and community sector, and included a range of support including a cost of living web page, welfare support, hardship grants, energy and fuel advice, food banks, warm spaces, and targeted outreach for high-risk groups such as ethnic minorities and farming communities. In response to a query about how professionals as well as residents could access information about the support available, it was explained how efforts were being made to ensure information was accessible on the ground, through multiple channels, including hard copies distributed in community settings and pharmacies, resources were also available on the website.

It was agreed to try to integrate the winter well-being support with the broader 'Think' campaign, which promotes both health services and preventative support. It was agreed to further develop communications to highlight the range of available support, especially for those with chronic conditions and in rural areas.

The Community Wellbeing Team Manager explained that the outreach team was working to connect ground-level delivery with larger programmes, ensuring professionals were equipped to signpost residents effectively. It was suggested that town and parish councils be utilised to cascade consistent messages especially to those remote and hard-to-reach communities. Local councillors were also another important resource for disseminating information.

RESOLVED:

- The Board to note the draft SWT Winter plan in advance of approval by the ICB Public Board;
- All partners to promote vaccinations to maximise uptake;
- All partners to share key cost of living communications when and where possible;

- All partners to consider creating a cost-of-living section on their website which could link to Shropshire and Telford and Wrekin webpage or to other cost of living webpages (i.e. Citizens Advice Shropshire).

18 Healthy Ageing & Frailty Strategy

Vanessa Watley, the Chief Nursing Officer presented the Healthy Ageing and Frailty Strategy which set out a system-wide approach to support residents of Shropshire, Telford and Wrekin to age well. It focussed on prevention, early identification and integrated care for those living with or at risk of frailty. The Strategy was aligned to national priorities including the NHS 10-Year Plan, local strategies and Aging-well initiatives. The approach was informed by local demographic projections and the need to stem rising health and social care costs.

The strategy targeted the increasing number of older people in Shropshire, Telford and Wrekin, aiming to prevent, identify, and manage frailty through evidence-based interventions, education, and integrated care teams. Key elements included promoting 'fit at 50' messages, risk stratification in general practice, and tailored interventions for mild, moderate, and severe frailty. The strategy emphasised the importance of keeping people at home with appropriate support and avoiding unnecessary hospital admissions.

Extensive public and professional engagement had informed the strategy, highlighting the need for localised, coordinated services and the importance of addressing digital and social exclusion. The strategy would be regularly reviewed with ongoing community and workforce input.

Jackie Jeffrey, the VSCA representative was grateful for the involvement of the voluntary sector however, feedback from Age UK highlighted that housing had been missed out of the Strategy. Concern was also raised around digital exclusion. In response, the Chief Nursing Officer explained that it was really important for them to link in with the local authority on the work it was doing around housing and digital exclusion and Ben Hollands, the Health & Wellbeing Strategy Implementation Manager, MPFT offered to share evaluation results from a digital intervention pilot for mild frailty.

A brief discussion ensued about the potential for expanding successful pilots. It was felt that a wider detailed communications strategy was needed for all the topics discussed that morning.

The Board agreed on the need for collective ownership and regular progress updates to ensure the Strategy was actively implemented and brought to life.

RESOLVED:

- to note that the Healthy Ageing Strategy 2025-2028 fully aligns with both Health and Wellbeing Strategies and SHIPP and TWIPP priorities;
- to approve and support the Healthy Ageing Strategy Implementation.

19 Better Care Fund 2025-26 quarter one report and Explainer

Jackie Robinson, the Senior Integrated Commissioning Lead, NHS STW presented the Better Care Fund (BCF) update, which gave Board Members a wider insight into the

programme and the services that contribute to performance that was reported quarterly to NHS England. It also provided a summary of the BCF 2025-26 quarter one template for Shropshire.

She explained that the BCF pooled NHS and local authority funds, totalling £50 million in Shropshire, to commission health and social care services. Key investment areas for 2025/26 included proactive care, home adaptations and technology, Carer support, preventing hospital admissions, timely hospital discharge and reducing the need for long term care. It was clear that the BCF added value and was joined up.

Performance was tracked nationally and shared across the system through a dashboard. The data from 2025/26 would be used to inform the future direction of services, and focussed on emergency admissions to hospital, average length of discharge delays, and long-term admissions to care home. Shropshire had shown strong performance, with fewer admissions to residential care than targeted, attributed to the 'home first' approach and scored consistently high in the national performance table.

In response to a query around the amount of influence their activities were making on the delayed discharge metric, Jessica Timmins, Integrated Commissioning Manager explained that it had been difficult to judge other than anecdotally as they had not had reliable data around the length of stay metric. It was hoped that going forward they would have a better grasp of performance and would be re-visiting the metrics plan in line with the data they now had.

The Director of Strategy & Partnerships explained that the need to ensure that someone with complex needs was safely discharged from a hospital setting to their next correct place of support or treatment was in itself complex and multifaceted and that the BCF activities were fundamental to this.

Plans for 2025-26 included refining the metrics based on improved data flows and expanding community workforce recruitment, with ongoing communications to attract new staff. The board noted the alignment with the healthy ageing strategy.

RESOLVED:

to note the BCF programme presentation and to approve the BCF 2025-26 quarter one template.

20 ICB Update

Nigel Lee, Director of Strategy & Partnerships and Claire Parker, Director of Strategy and Development provided updates on system-wide developments. The Director of Strategy & Partnerships drew attention to the Monthly Stakeholder briefing pack which collated the key areas of update from different partners across the health and care system.

He highlighted the healthy aging and frailty strategy and reported that work was continuing with both the Neighbourhood Health Implementation Programme and with the Place Partnership Boards.

Looking at primary care, he talked about the system winter planning approach and the work being done in general practice, pharmacy, optometry and dentistry including the

improvement in performance, activity and access. Notably, one of the key issues for this year was around the use of the national advice and guidance service to which all GPs across Shropshire, Telford & Wrekin were signed up to.

The Director of Strategy & Partnerships referred to the national rankings of NHS Trusts which was based on a number of metrics, and he was pleased to see some of those areas continuing to improve, particularly around elective waiting times, diagnostics, and cancer performance.

Finally, he wished to publicise that SaTH and the Shropshire Community Trust were continuing to look at the plans to develop a shared leadership model and this would be discussed in public at a meeting being held the following Tuesday when both Boards would review the plans in more detail.

The Director of Strategy and Development added that Shropshire had been successful in the National Neighbourhood Implementation programme, and she thanked partners around the table for their strong partnership working which had led to a strong bid to take this work forward. The programme would focus on cohorts such as frailty and rural service delivery, with national support and visibility of Shropshire as a place.

The Chair recognised the improvements happening on a daily basis and the dedication to achieve high quality services.

21 Draft Pharmaceutical Needs Assessment 2025

Mark Trenfield, Senior Public Health Intelligence Analyst presented the final Pharmaceutical Needs Assessment (PNA) for approval before publication by the 1 October 2025. He confirmed that the draft report had been updated following the public consultation that had taken place and he drew attention to the summary.

He reminded the Board that the PNA had identified 43 community pharmacies and 17 dispensing practices in Shropshire, with nearly 90% of residents being within a 10-minute car journey. Gaps had been found in weekend and evening access, especially in the south, however there were 54 community pharmacies in other local authorities within 5 km of Shropshire, along with 7 in Wales, again, within 5km of Shropshire's border, some of which were open past 6pm on a weekday. There were more people per pharmacy in Shropshire than in England and the number of pharmacies had declined since the last PNA.

Recommendations included raising awareness of pharmacy services, considering the impact of the NHS 10-year plan, and potentially conducting an interim review as pharmacy roles expand in long-term condition management and neighbourhood care teams.

RESOLVED:

- to approve the report
- to raise the visibility of some of the new services offered by pharmacies to increase awareness and usage.
- to consider the impact of healthcare transformation - The recently published 10-year health plan outlined community pharmacies key role in the management of long-term

conditions, prevention, and deeper integration into neighbourhood care teams. As such, there would be a period of transformation within the pharmaceutical provision, primary care and neighbourhood health and it may be necessary for an interim review of services if necessary.

22 Director of Public Health Annual Report 2024-25

Rachel Robinson presented her Annual Director of Public Health report which looked at the health of the population, focussing on neighbourhoods, and the need to address rural deprivation and health inequalities and she thanked all colleagues for their work around the JSNA process.

The report analysed health and well-being patterns across Shropshire, with a focus on neighbourhoods, life expectancy trends, and the impact of wider determinants such as fuel poverty and rurality. It highlighted areas for targeted action, including children and young people, diabetes, Mental Health, and health checks.

Recommendations included continued neighbourhood and community working, alignment with government guidance, intelligence-led planning, and enabling the voluntary sector. The report was intended to inform funding bids and strategic decisions. The Chair thanked the Director of Public Health for all her hard work in trying to improve the health and wellbeing of the people of Shropshire.

The Co-Chair also expressed his thanks to the Director of Public Health and the team for the significant difference they were making, and he recognised the neighbourhood working/communities theme which were bringing about improvements and change, and having the evidence base along with the intelligence that underpinned it continually coming through was a really important check that the Board needed to keep coming back to, to ensure work was going on in the right areas and having an impact. He confirmed that he would be taking the recommendations from the report into the work of the ICB. The Chair echoed this and extended his thanks to the ICB and all health partners in Shropshire, Telford & Wrekin for the work being done to improve the health and wellbeing of residents.

The Executive Director of People also wished to express her thanks. She had found the evidence-based report both comprehensive and simple to read and would demonstrate to the government, when working through the fairer funding formula, that there was deprivation in Shropshire. She drew attention to section two of the report that highlighted that 13.1% of households in England lived in fuel poverty, whereas in Shropshire it was 18.9%. Shropshire was also only 1% less than the England average for children living in relative poverty. She felt this was a really strong message to those who make decisions around funding for Shropshire and busted the myth that Shropshire was a very wealthy County.

RESOLVED:

To approve the report and the recommendations contained therein.

23 ShIPP Update

Members noted the ShlPP update.

Members were reminded of the Health in All Policies (HIAP) training being offered to Members of HOSC and HWBB on Tuesday 23 September at Shrewsbury Library.

<TRAILER_SECTION>

Signed (Chair)

Date:



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	20 th November 2025				
Title of report	The National Neighbourhood Health Programme (NNHIP)				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	x	Approval of recommendations (With discussion by exception)		Information only (No recommendations)
Reporting Officer & email	Naomi Roche Naomi.roche@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working		x
	Mental Health	x	Improving Population Health		x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities		x
	Workforce	x	Reduce inequalities (see below)		x
What inequalities does this report address?	The programme will be data driven and patient cohorts chosen using BI risk stratification and segmentation tools at neighbourhood and community level to ensure inequalities are targeted.				

1. Executive Summary

In early September 2025, Shropshire's application to join the first phase of the National Neighbourhood Implementation Programme (NNHIP) was confirmed as successful. Shropshire is one of 43 Places chosen nationally.

The purpose of this report is to brief the Committee on the details of the NNHIP and what it aims to achieve and provides an update on the progress made to date to establish our local programme in month 1 from starting.

Regular updates on progress with the delivery of the Shropshire NNHIP will be reported to the System Neighbourhood Implementation Group chaired by Lorna Clarson, ICB Chief Medical Officer.

2. Recommendations

The Board are recommended to note the contents of this briefing

3. Report

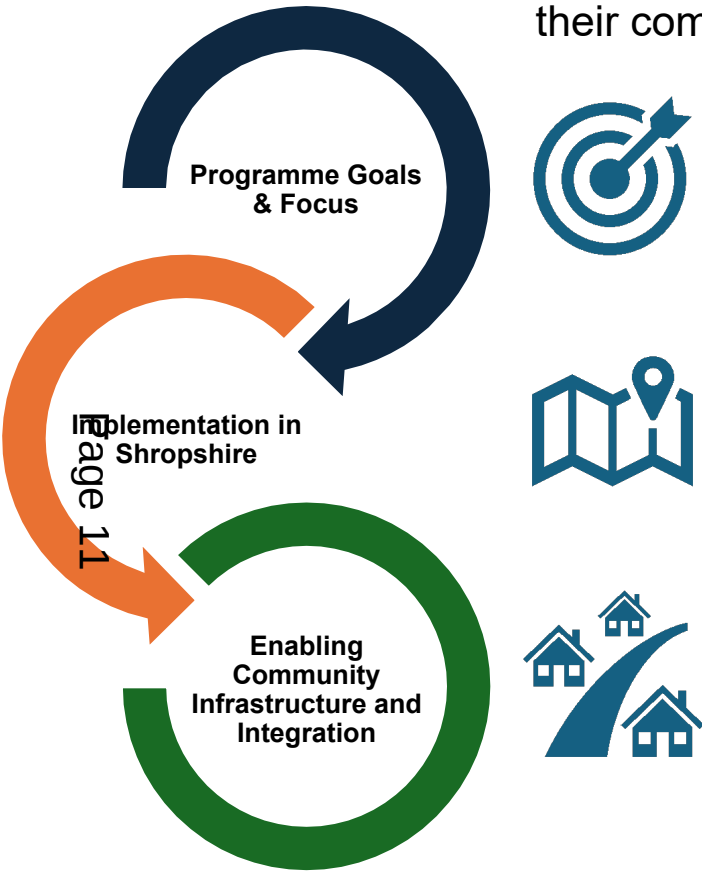
Please see appendix A.

Risk assessment and opportunities appraisal	The outcome of the programme will inform future strategy, policy and development of neighbourhood health. It is ultimately a spread and scale model of what has proven successful. There will need to be a left shift in resources as the scale of the neighbourhood model grows.
Financial implications (Any financial implications of note)	There are no current national additional funding streams to deliver the service changes required, so must be delivered within the resources we currently have. The aim is to prove the impact that neighbourhood health models can deliver in reducing secondary care demand which can then inform business cases for left shift of resources. Success will be determined by four enabling strands: Workforce / Estates / Data / Digital & Financial Flows (Data sharing)
Climate Change Appraisal as applicable	

Where else has the paper been presented?	System Partnership Boards	ShIPP, ShIPP Accelerator Group
	Voluntary Sector	Chairs of the VCSA as members of ShIPP & the NNHIP team
	Other	People with lived experience will help inform the programme and the local delivery plans.
List of Background Papers – N/A		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council Cllr. Bernie Bentick, Portfolio Holder for Health & Public Protection, Shropshire Council		
Appendices Appendix A. NNHIP progress report - presentation		

THE NATIONAL NEIGHBOURHOOD HEALTH IMPLEMENTATION PROGRAMME

The programme aims to build the foundations to enable Neighbourhood Health, it is a new way of working, a system change to support the people of Shropshire to stay happy, healthy, and connected in their communities.



- ✓ Bringing health services, resources and support closer to the communities where people live
- ✓ Promoting preventative healthcare, health education and tailored support
- ✓ Targeting health inequalities, and improve access to care
- ✓ Empowering neighbourhoods and individuals to take charge of their own physical and mental health
- ✓ Facilitating partnerships among health services and community groups
- ✓ Developing the broad framework required to provide health provision and services in local communities.

Initial focus (year 1) on Adults with complex long-term conditions and escalating need through four high impact actions.

1. Will be driven by shared data, population health, community relationships, co-management and coordinated care teams.
2. Systematising co-management of long-term conditions with individuals, families and carers, tailoring care planning around what matters to them, moving away from single disease pathways.
3. Development of integrated neighbourhood teams aligning with Primary Care Network geography across 5 neighbourhood areas
4. Building strong community relationships

Success determined by four enabling strands:

- Workforce / Estates / Data / Digital & Financial Flows (Data sharing)
- Multidisciplinary teams will be created including patients, Local Authorities, social care, healthcare and the Voluntary sector for the 5 neighbourhoods
- Community & Family Hubs will complement the programme, maximising the interdependencies and opportunities across both programmes

WHAT THE PROGRAMME IS NOT

- A temporary project or about organisational priorities.
- Designed to deliver Health Hubs
- A replacement for hospital or specialist care or to centralise all health services into a neighbourhood
- About buildings or care models,
- To replace individual health management and self responsibility for one's own health
- Restricted to single health issues or population groups, it is for entire communities, and wider health and wellbeing

The National Neighbourhood Health Implementation Programme (NNHIP) will adopt a test-and-learn approach to support delivery



The NNHIP is a **large-scale change programme**, that will gather and disseminate learning to create exemplars and embed the culture required for delivery.

It will be overseen by a joint DHSC/NHSE Taskforce which reports to the Secretary of State. The Taskforce has four enabler subgroups; workforce, digital/data, funding flows and estates.

Initial focus for year one (2025/26)

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Supporting progress of NbH

- Working with **one place in each system** (43) during its initial phase
- Building on learning from Places so far and co-producing **evidence-based change components**
- Establishes a **social movement for change** and knowledge spread to other places and population cohorts.

Coaching & building capacity

- Provide dedicated coaching support and access to subject matter expertise** alongside workshops and networking to **implement change components, enable peer-to-peer learning and development of collaborative improvement and system leadership skills**
- Build capacity and capability** in places to implement the vision and service model

Informing strategy and policy

- Informing future strategy, policy and development of NH including **identifying barriers and solutions to implementation**
- Rigorous monitoring of outcome metrics** monthly, with ongoing rapid insights capture and evaluation to test, learn and refine

Local progress to-date

Joint ICB/LA SROs	LA – Rachel Robinson, DPH ICB – Lorna Clarson, CMO
National Coach	Alison Davies, Head of Improvement Unit, MLCSU
Local Place Coach	Naomi Roche, Healthy Population Lead, Shropshire Council/ICB
Local Programme Manager	Emma Pyrah, ICB Head of System Development
PMO Support	Lorna Watkins, Gill Harrill, ICB Strategy and Development Team
Shropshire Neighbourhood Team of 18	Representation from Primary Care Networks, SATH, Shropcom, RJAH, MPFT, Pharmacy, Optometry, Dentistry, VCSE. Need to confirm how the voice of the patient, people with lived experience is incorporated.
Local programme launch event 14th October 2025	Well attended by multiple stakeholders/local Neighbourhood Team members. A clear commitment and energy to build on what we have already achieved and progress a more collaborative approach to meeting the needs of and improving the outcomes for our targeted populations.
First Regional Learning Workshop 23rd October 2025 – Leicester Second regional learning workshop confirmed as 10th February 2026	First of 3 national programme workshops for all successful Places across the Midlands and East region. To be attended by each Place's local Neighbourhood Team of 18. The morning will feature catalyst sessions, showcasing places that have successfully embedded neighbourhood health. The afternoon will give space to learn and share with some of the other teams in the programme.
Local delivery infrastructure to implement the programme	National expectation of progressing implementation of learning from the regional workshops at pace and measuring impact. Local delivery infrastructure being developed.

Local progress to-date

BI Analyst	Kate Stone, ICB Primary Care Analyst, Jess Edwards, Shropshire Council Analyst
Analytical Tools for Population Health Management	ICB BI Team had already developed a suite of analytical tools with associated training to support PCNs to risk stratify and segment their populations. Shropshire Council have a range of JSNA and other related PHM data.
Communications Lead	Bridie Davies, ICB Comms. Programme comms and engagement plan in development.



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	20th November 2025				
Title of report	Local Youth Transformation Pilot & Statutory Youth Offer				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	X	Approval of recommendations (With discussion by exception)	Information only (No recommendations)	
Reporting Officer & email	Helena Williams, Youth Support Manager - helena.williams@shropshire.gov.uk Natasha Moody, Families First Partnership Strategic Lead - Natasha.Moody@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	X	Joined up working		
	Mental Health	X	Improving Population Health		X
	Healthy Weight & Physical Activity	X	Working with and building strong and vibrant communities		X
	Workforce		Reduce inequalities (see below)		X
What inequalities does this report address?	The Local Youth Transformation Pilot (LYTP) targets four key inequalities: • Geographic: improves access to youth work in rural and isolated areas through Local Youth Partnerships. • Socioeconomic: focuses delivery in deprived communities, removing cost and transport barriers. • Health and wellbeing embeds youth work within early help and schools to strengthen mental health and resilience. • Structural: creates youth governance and participation routes so young people influence decisions.				

Report content

1. Executive Summary

Aligned with the Shropshire Plan's Healthy People priority, the Local Youth Transformation Pilot (LYTP) embeds youth work within prevention and early help pathways, ensuring that young people's wellbeing is seen as a shared system responsibility.

Youth work delivers measurable health and wellbeing benefits by:

- Providing trusted adult relationships that build resilience and self-esteem.
- Creating safe, accessible spaces that reduce isolation and support mental health.
- Offering structured group work in schools and communities to prevent escalation to higher-tier services.
- Strengthening community connectedness and belonging, key determinants of health.

The statutory youth offer (Education Act 1996, s507B) requires local authorities to secure sufficient leisure-time activities that promote wellbeing and personal and social development. Through the LYTP, Shropshire is reframing this duty as a prevention mechanism and seeking to secure greater buy in and support for this critical offer across the partnership.

This paper asks the Health and Wellbeing Board to recognise youth work as part of Shropshire's core prevention infrastructure and to provide ongoing oversight through its prevention and inequalities remit. This includes aligning LYTP evaluation with the JSNA and receiving periodic youth sufficiency updates to ensure statutory compliance and that quality standards are embedded across the wider system.

2. Recommendations

1. Endorse youth work as a preventative intervention contributing to the Healthy People priority.
2. Nominate a Health representative to join the Strategic Youth Partnership.
3. Align LYTP evaluation metrics with the JSNA and prevention indicators (mental health, resilience, participation).
4. Support shared investment and data models between Public Health, Early Help, and the Youth Partnership Foundation.
5. Utilise the new channels for engagement to develop work aimed at young people and Champion youth voice through Health and Wellbeing Board governance structures.
6. That the Health and Wellbeing Board formally participates in the Culture Change and Leadership workstream of the Local Youth Transformation Pilot, embedding youth work as a shared prevention responsibility across the health and care system.

3. Report

In July 2024, Shropshire Council an independent Youth Service Review was undertaken to establish a baseline for the county's statutory youth offer. The review identified a 98% reduction in youth service funding since 2010, fragmented local provision, and significant inequalities in access, particularly for rural, isolated, and deprived communities. Young people reported a lack of safe spaces, trusted adults, and opportunities to participate in decisions that affect them.

In response, Shropshire was selected as one of 12 national Local Youth Transformation Pilots (LYTPs), funded by the Department for Culture, Media and Sport (DCMS) and delivered in partnership with the National Youth Agency. The pilot enables the Council to rebuild a sustainable youth system, reposition youth work as a public health intervention, and ensure compliance with the statutory duty under Section 507B of the Education Act.

The LYTP focuses on seven core areas: culture change, youth governance, local youth partnerships, infrastructure, workforce development, youth work in schools, and programme management. Each element contributes directly to the Health and Wellbeing Strategy's "Healthy People" priority, reducing health inequalities and supporting early intervention.

A new Youth Support Team structure has been implemented to strengthen locality-based delivery, embed youth work within schools and early help pathways, and provide targeted support in areas of highest deprivation.

Alongside this, youth voice is being embedded through a three-tier youth governance model.

- Local Youth Partnerships – ensuring young people influence decision where they live
- Area Youth Assembly – bringing together young representatives from each locality to identify shared priorities
- Strategic Youth Partnership – providing representation or input into formal boards

The Health and Wellbeing Board plays a pivotal role in the pilot's Culture Change workstream, embedding shared leadership across the system and recognising youth work as part of Shropshire's prevention infrastructure. This collaboration will ensure youth outcomes are captured within the JSNA and health inequalities data.

By August 2026, the pilot will deliver a co-produced Shropshire Youth Offer Plan, creating a single, equitable framework for youth provision that contributes to improved mental health, community wellbeing, and lifelong opportunity for young people across the county.

Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

- We have seen a sharp increase in poorer outcomes for children and young people with more children in high-cost care, accessing more acute services such as mental health support. Youth Work is an evidence-based service that leads to improved mental health, greater contribution to the community within which they live and improved positive relationships.

	- Without integration, youth work may continue to be viewed as non-essential leisure activity rather than a prevention tool. - Missed opportunities to address early indicators of poor mental health and social isolation among 11–19s. Opportunities: - Strengthens alignment between Early Help and Public Health outcomes. - Reduces long-term demand for specialist and acute interventions. - Creates sustainable, community-based prevention infrastructure.	
Financial implications (Any financial implications of note)	The LYTP is fully funded through DCMS (£621,131) until August 2026. There is a need to consider the sustainable actions that this programme delivers to ensure that we have a legacy post the funding.	
Climate Change Appraisal as applicable	Youth work encourages active travel and community use of green spaces, contributing indirectly to improved environmental health.	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	Shropshire Council Scrutiny Panel
List of Background Papers		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Alex Wagner, Deputy Leader of Shropshire Council Sponsor - Natasha Moody, Families First Partnership Strategic Lead, Shropshire Council		
Appendices Appendix A. Youth Transformation Pilot - presentation Appendix B. LYT Shropshire Youth Service Review Report		

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Youth Work as Prevention: Building a Healthy Future for Shropshire's Young People

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Health and Wellbeing Board – November 2025

Helena Williams, Youth Support Team Manager

Purpose of this Item

- Introduce the Local Youth Transformation Pilot (LYTP)

- Connect youth work to public health and prevention outcomes

- Show how the pilot addresses health inequalities

- Outline what we need from the Board

Why This Matters for Health

- 98% reduction in youth funding since 2010 → fragmented system
- 71% of 11–18s say they don't leave home in their leisure time
- JSNA highlights youth mental health and isolation as top concerns
- The health of our youth system directly affects the health of our young people

The Local Youth Transformation Pilot

1 of 12 national pathfinders funded by DCMS

Focus: rebuild statutory youth offer and workforce capacity

Delivery: Sept 2025 – Aug 2026

7 Workstreams:

1. Culture Change
2. Youth Governance
3. Local Youth Partnerships
4. Infrastructure
5. Workforce Development
6. Youth Work in Schools
7. Programme Management

The Statutory Duty

- Section 507B, Education Act 1996:
- Local authorities must secure sufficient leisure-time activities and facilities for young people that promote wellbeing and personal/social development.
- LYTP reframes this as a health and prevention duty.

Statutory Duty → One Youth Offer → One Youth Offer Plan (The 'Golden Thread').

Addressing Inequalities

LYTP tackles four key inequalities:

- Geographic – access in rural and isolated area
- Socioeconomic – cost and opportunity barriers in deprived communities
- Health & wellbeing – early intervention for mental health and isolation
- Structural – youth voice and representation in system leadership

The New Youth Work Team Structure

Before:

- Detached-only model, unsustainable coverage, workforce loss

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• Now:

- Full-time locality Youth & Community Workers
 - Group work in schools and targeted youth hubs
 - Contextual safeguarding and early help alignment
 - Professional development and career pathways
- Outcome: Sustainable, skilled workforce delivering prevention at place.

Youth Voice: A Three-Tier Model

- 1. Local Youth Partnerships – young people shape decisions in their area
 - 2. Area Youth Assembly – shared priorities and peer leadership
 - 3. Strategic Youth Partnership – representation or input to system boards.
-
- Youth voice runs through every layer of governance – shaping, not just informing, decisions.

The Role of the Health & Wellbeing Board

Asks of the Board:

- 1. Endorse youth work as a public health intervention
- 2. Nominate a Health representative for the Strategic Youth Partnership
- 3. Participate in the Culture Change workstream
- 4. Align LYTP evaluation with JSNA prevention indicators

Shared Outcomes

LYTP Workstreams → Health & Wellbeing Priorities:

- Youth Work in Schools → Mental health, early help
- Local Youth Partnerships → Reducing inequalities
- Workforce Development → Skilled prevention workforce
- Youth Governance → Youth voice in health system
- Infrastructure → System sustainability

Next Steps

Pilot delivery: Sept 2025 – Aug 2026

- Local Youth Partnerships tested in 2-3 areas
- Youth Democracy Worker recruitment underway
- Co-produced Youth Offer Plan due Summer 2026
- Evaluation: RSM / National Youth Agency

Closing Reflection

“If the system can hold youth work, youth work can hold young people.”

Embedding youth work in the prevention system strengthens every part of our shared ambition — healthier, safer, more connected communities.

Shropshire Council

**Local Youth
Transformation Pilot
Youth Service Review**

Final Report

July 2025

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1. Executive Summary

The purpose of this review is to support the development of proposals by Shropshire Council for delivery of the Government's Local Youth Transformation Pilot (LYTP). The purpose of this programme, as set out in Government guidance, is

“To rebuild a high-quality offer for young people and transition back local youth services leadership to local authorities, testing ways to best rebuild local authority capability to ensure a local youth offer which addresses the needs of young people and supports government priorities.”

In Shropshire this represents quite a task; the youth service has been decimated over the last ten -plus years and exists only as a shadow of its former self. However, this also represents the biggest opportunity as the Council are not having to reconfigure deeply-embedded arrangements within an entrenched system. Instead they have the opportunity to reimagine and reinvent an approach to youth service for Shropshire that is fit for purpose for the next decade and, in doing so, lay the foundations for its future development – in ways that meet the needs of young people in Shropshire.

Shropshire context

Shropshire is a unitary authority in the West Midlands, on the border with Wales. It is located south of Wrexham, with Staffordshire to the East and Herefordshire to the South. It has been a unitary authority since 2009, incorporating a total of 5 different districts, and has been under Liberal Democrat control since 2025. Shropshire is a large, predominantly rural area with no cities, and 22 towns.

Youth Provision in Shropshire has historically been delivered through a fragmented system with separate strands of activity, led by the local authority, VCSE partners, schools and town and parish councils. A recent report from the YMCA shows that Shropshire are in the bottom 5% of local authorities spending on Youth Services, a 98% reduction since the national policy of austerity was introduced in 2010 ([Beyond the Brink | YMCA England and Wales](#)). There has been no funding for universal services for the last two years. Across all youth services on 2023-24, Shropshire's net spend was just £3 per capita, considerably lower than the English national average of £34. Over the same period of time, total schools' net expenditure in Shropshire dropped from £139.6m in 2015/16 to £120.4m in 2023/24, a 13.7% decrease. In the report we get into more detail around this.

Summary of approach

The review was conducted by a small team led by the LADC and supported by the case lead and two NYA young assessors. The review was based on the NYA's nine essentials of a youth service as well as the broader strategic and systems change experience of the review Lead.

At the heart of the work was a three-day visit curated by the local authority which offered the review team the opportunity to spend time with the youth work team and conduct a series of interviews and visits with key people and organisations, including young people, in Shropshire. This gave us a great overview of the current system, the local authorities plans, and the challenges and opportunities afforded by the LYTP. The visit was supplemented by a desk-based evidence review, including critical documents shared by the local authority team, surveys with young people and youth work providers, and a youth work profile prepared by the NYA team.

Key findings and recommendations

As a result of national funding cuts the Council's youth provision is 98% of what it was a decade ago. Not only is there is little existing, formal provision on which to build, but there is a lack of appreciation within the Council and its partner agencies as to the value of youth work as an approach. The review therefore quickly

narrowed its focus to the strategic building blocks of a future youth work system, as made clear by the scale of ambition, the energy of the teams, the political commitment, and the significant challenges that need addressing.

In Shropshire, this is where the greatest leverage from the LYTP will be achieved. The focus of the proposals in the EOI and the scope of ambition in Shropshire is to establish foundations to support the future growth and development of the youth work offer in Shropshire. In the review we identified eleven core elements of that future system, shown in the table below.

SYSTEM ELEMENTS		Foundations for the future	Prioritisation and capacity	Place-based coordination	High quality delivery	Nine Essential Criteria
1	Vision and Purpose					
2	System leadership					
3	Partnership working					
4	Youth voice and engagement					
5	Local needs assessment					
6	Local youth offer plan					
7	VCFSSE engagement					
8	Workforce planning					
9	Neighbourhood geography					
10	Community infrastructure					
11	Quality of delivery • Quality of practice • Curriculum • Monitoring and evaluation • Safeguarding					

These elements are illustrated in the diagram below which is an attempt to visualise the core components of a new system of youth services in Shropshire – establishing robust foundations for the future. Five priority areas are then summarised.

This report has been prepared as part of the support available to Shropshire Council, which is one of the 12 local authorities (LAs) selected for the Department for Culture, Media and Sport's (DCMS) Local Youth Transformation (LYT) pilot programme. It aims to help the Council, its partners and staff understand the National Youth Agency's (NYA) recommended approach for conducting a local review of current youth work provision and to inform their planning for the implementation phase of the LYT project.

Pilot LAs participating in the LYT programme have until the end of March 2026 to submit bids for DCMS transformation funding, allocate and spend the funding, and put in place a sustainable approach for longterm youth work. This report is intended to support that process.

Review aims

This review has therefore been tailored to the individual needs of Shropshire Council and its partners and taken as its starting point the vision and ambition for change set out in the Expression of Interest (EOI). By placing a critical lens on these initial proposals, this review should enable the council, its partners and young people reflect on and test local youth work provision, assessing its strengths and identifying areas for improvement that can be included in the more detailed LYT pilot bid and programme.

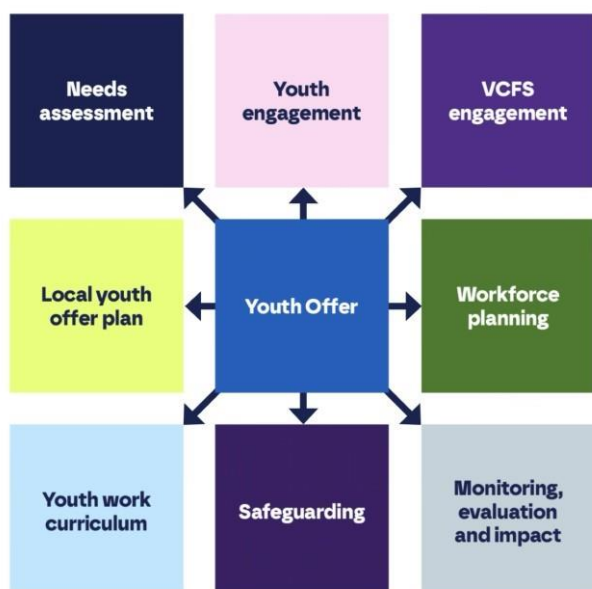
Review process

The review has been an interactive exercise intended to support the development of robust arrangements to meet these aims. During the review, the team examined evidence from various sources including community profiling, service mapping, workforce analysis, stakeholder consultation (young people, VCS statutory partners), and a light touch review against their statutory duties.

The LYT review team prepared by reviewing a range of documents and information to ensure they were familiar with the Local Authority and the challenges it is facing, including the Council's EOI. The team then spent three days onsite during which they:

- Heard from a range of people, including: young people, lead members, senior leadership team, front-line practitioners and managers and partners
- Visited local teams and partners
- Undertook visits to different settings, observing sessions and talking to professionals.

This work has been informed by the NYA's guidance on meeting the Local Authorities statutory duties as set out in Section 507B of the Education Act. This guidance sets out 9 essentials of a quality youth service (below). The guide includes a checklist for each of the nine elements, which was a useful framework to sense-check the opportunities for change.



Local Youth Transformation Review Team

The LYT Review Team was selected for its collective expertise and capacity to deliver a high-quality, credible, and robust review. Members are sector-experienced consultants with extensive knowledge of youth work and children's services. The team included senior professionals with a strong track record in local government and the VCSE sector, supported by Young Assessors who brought their lived experience and young person's lens to the review. Their combined insight and credibility brought depth and rigour to the review process:

- Case Lead: Tony Challinor, National Youth Agency (NYA), Associate
- LADC: Ian Burbidge, Young People's Foundation Trust
- Young Assessors: Kiera Finney, Richy Agyemang, NYA
- Research Associates: Chris Milner and Caroline Craig, NYA

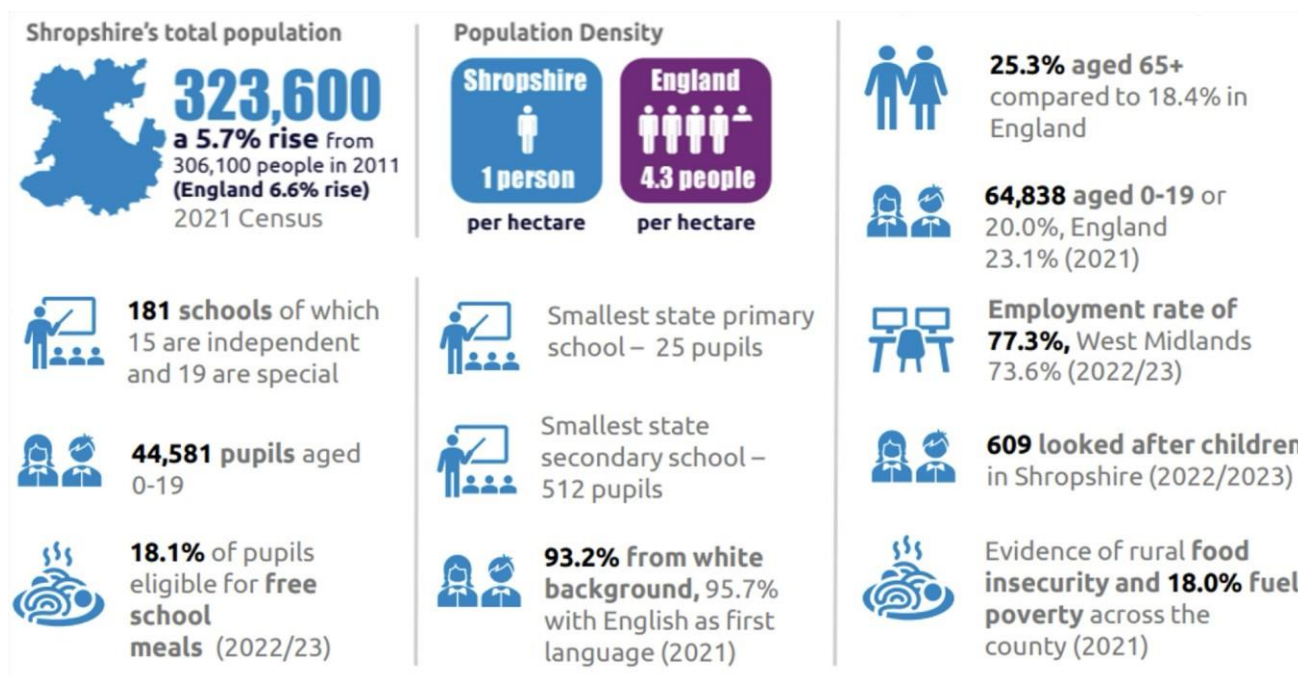
This report provides a summary of the team's findings. It builds on the final meeting led by the LYT team at the end of their on-site visit on 11th July 2025. By its nature, the LYT Review is a snapshot in time.

3. Strategic context

Shropshire is a unitary authority in the West Midlands, on the border with Wales. It is located south of Wrexham, with Staffordshire to the East and Herefordshire to the South. It has been a unitary authority since 2009, incorporating a total of 5 different districts, and has been under Liberal Democrat control since 2025. Shropshire is a large, predominantly rural area with no cities, and 22 towns.

Socio-economic context

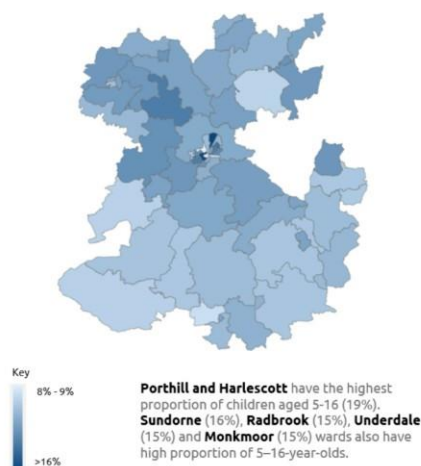
As with many sparsely populated rural areas, areas of acute poverty often exist alongside affluent communities. Poverty is also hidden in pockets too small to show up on national statistics. However, it remains a significant challenge for service delivery.



According to 2019 IMD figures, just 5% of Shropshire's total population live within areas classed as being amongst the most deprived 20% in terms of overall deprivation. Shropshire's 2025 Joint Strategic Needs Assessment (JSNA) notes 2.9% (or 388) of young people aged 16-19 live in the top 5 most deprived areas (LSOAs) of Shropshire: Harlescott, Ludlow East, central Oswestry, Monkmoor and Meole Brace.

The JSNA details the main areas where Shropshire's rates are worse than the national average regarding - the percentage of households in fuel poverty (18% in 2021); number of children (161 in 2024) aged 0-4 years who are Looked After and; emergency admissions (2595 per 10 000 in 2021-22). The average caseload for children and family social workers in Shropshire was 19.6 in 2024. This is higher than Statistical Neighbours (16.1) and England (15.4).

Shropshire's School-aged children (5-16)



40,527
aged 5-16s
in 2021, a 2% fall
from 2011

12.5%
aged 5-16s
of Shropshire's
population

127 primary schools,
19 secondary and 4
special schools

39,176 pupils aged
5-16

18.1% pupils
eligible for free
school meals



Overall deprivation is low in Shropshire. However, 1,336 or 3.3% of school-aged children aged 5-16s live in the top 5 most deprived areas (LSOAs) of Shropshire: Harlescott, Ludlow East, central Oswestry, Monkmoor and Meole Brace.

51% Male
49% Female

3.7%
5-17s from
ethnic minority
groups in 2011,
1,673 children

4,974
Special
educational
needs
in Autumn 2024



19.9% 10-11s
recorded as
overweight or
obese in
2023/24



53.4% 5-16s met
the CMOs'
recommendation
for physical
activity in 2022-
23



67.4% HPV
vaccine coverage
in 2022-23, lower
than benchmarked
goal of 90%



14.6% 5-year-olds
have visually
obvious decay in
2021-22



656 0-17s
looked after
children in
2022-23



Absenteeism in
secondary
schools is
decreasing in
recent periods



Average
attainment
score in 2022-23
was 44.3, in the
2nd worst
quintile in
England



120 hospital
admissions due
to dental carries
in 2020/21 -
2022/23



Hospital
admissions for
self-harm in 10-
14 years old
decreasing in
recent periods



89.3% MMR (2
doses) vaccine
coverage in 2023-
24, lower than
benchmark goal
of 90%



18 (12 per
100,000) children
killed and
seriously injured
on England roads
in 2020-22



80 hospital
admissions (262
per 100,000)
due to asthma
in 2022-23

The most recent Ofsted inspection of Shropshire local authority children's services in 2022 found all to be good except the 'experiences and progress of children who need help and protection', which required improvement to be good.

In 2024, 121 of every 10,000 children in Shropshire were considered 'looked after'. This has risen considerably since 2016 when the figure was just 48. This rise does not reflect changes at a regional and national level where, since 2023, rates have remained the same. There are many potential reasons behind these figures in Shropshire including a lack of families accessing Early Help, shortage of foster carers and the lack of a service (pre Covid) working to support families with children at risk of becoming looked after.

Shropshire's Children in Need rate (per 10,000) has been rising since 2023, when rates for England and statistical neighbours are falling. According to the most recent JSNA, Shropshire's rate of children (0-18 years old) in care is also above the national average, which could go some way in explaining this figure. Shropshire has a slightly lower percentage of pupils receiving support for Special Educational Needs (SEN) compared to the rest of the country. In 2024, the percentage of 16-17-year-olds not in education, employment or training (NEET) was 2.7%, below statistical neighbours as well as the national average (3.2%)

Youth work legacy

A recent report from the YMCA shows that Shropshire are in the bottom 5% of local authorities spending on Youth Services (£3.86 per young person) a 98% reduction since the national policy of austerity was introduced in 2010 ([Beyond the Brink | YMCA England and Wales](#)).

Spending on Youth Services has therefore fallen drastically in the last ten years, dropping from £3.3m in 2015-16 to just £175k in 2023-24 – a decrease of £3.1m in total. There has been no funding for universal services for the last two years. Across all youth services on 2023-24, Shropshire's net spend was just £3 per capita, considerably lower than the English national average of £34. Over the same period of time, total schools' net expenditure in Shropshire dropped from £139.6m in 2015/16 to £120.4m in 2023/24, a 13.7% decrease.

● Universal Services ● Targeted Services



Youth Provision in Shropshire has historically been delivered through a fragmented system with separate strands of activity, led by the local authority, VCSE partners, schools and town and parish councils.

The VCSE sector is central to the universal offer. SYA are commissioned to provide infrastructure support to a network of voluntary youth clubs, many of which are run by volunteers. These clubs offer inclusive and accessible provision to a wide range of young people including those from low-income families, rural areas, and communities where statutory services are less visible. Town and Parish Councils also commission SYA and other providers to deliver youth sessions, particularly in larger market towns.

While this mixed economy has enabled broad reach across a large rural geography, it has also resulted in variation in quality, access and co-ordination. The local authority recognise this and are actively restructuring towards a more integrated locality-based model.

Survey Insights

This review process has drawn on surveys of providers (14 combined), young people (363 responses), and town and parish councils (44 councils). The first two form a separate report which is provided as an annex. Headlines are as follows.

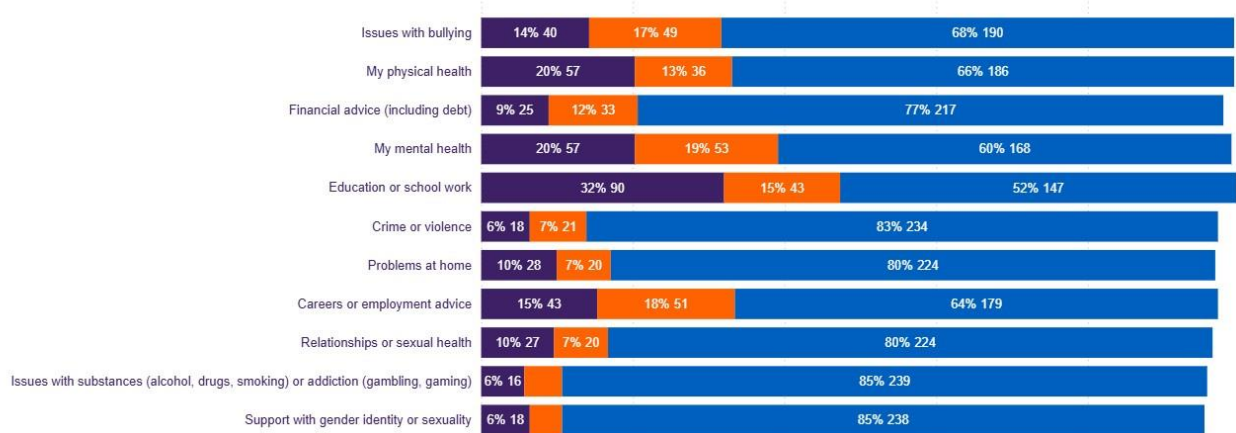
Provision

- The most commonly attended organised activity amongst young people in Shropshire is sports or athletics clubs (outside school), which 20% attend most days and a further quarter (24%) attend at least once a week.
- Very few young people in Shropshire benefit from youth work (youth clubs or youth groups) most days. Almost eight in ten young people in Shropshire have never been to a youth group or club.
- Detached youth work was one of the least frequently attended activities, used most days by only 3% and weekly by 6% of respondents. As 65% never use detached, this does mean over a third (35%) Shropshire young people have interacted with youth workers on the streets before.
- Half of Town and parish councils noted that provision was clearly insufficient.

Needs

- The survey of young people finds mental health is the area of greatest unmet support – one in five (19%) young people in Shropshire want mental health support but do not receive it. A similar proportion (18%) of young people would like careers or employment advice. Support with bullying is in similar demand, with 17% wanting support with this.
- The most commonly selected area young people receive support is education or school work. One third (32%) of young people receive support in this area. This is likely to be through school, but could also be out-of-school support. This is lower than seen across the other 11 LYTP areas, with 46% of young people receiving support for education or school work (although it is still the most selected support area).
- Mental and physical health are joint second, with one in five (20%) young people receiving support in these areas. Almost as many (19%) young people say they want support for their mental health, but do not receive it.

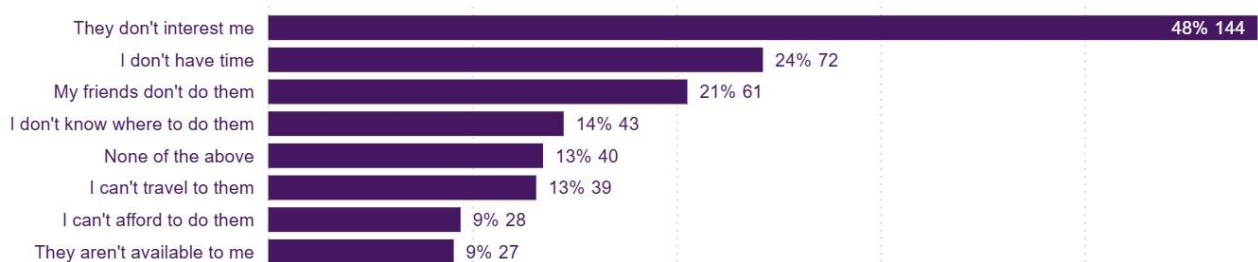
● I currently have support in this area ● I don't currently access support in this area, but would like to ● I don't need or want support in this area



Support use amongst young people in Shropshire (n=280)

- Top issues for Town and parish councils were lack of facilities/activities (81%), poor transport (74%), mental health and isolation (62%), cost of living pressures (55%), and anti-social behaviour and vaping (48%).

Barriers to participation



Reported barriers to participation in listed youth provision (n=297)

- Whilst not considered one of the main barriers to participation, 13% of young people report being unable to travel to some of the activities and support types listed. Public transport and reliance on parents or guardians to provide travel is mentioned by young people across the wider survey of young people in all LYTP areas.
- Town and parish councils also noted transport, distance and cost and low awareness as access issues, suggesting a youth bus scheme or similar as an option.

4. A framework for system change

The forthcoming development of the strategic youth partnership, pilot programmes with schools and investment in locality youth workers reflect a system level commitment to shift from fragmentation to alignment, creating a connected, youth led eco-system built on shared values, data and governance. This section explores that reimagination, which is framed as a strategic ‘systems change’ piece of work.

The core strategic shift is to establish Youth Workers as trusted, locality-based connectors, embedded within communities working relationally with young people and bridging the gap between universal, targeted and specialist services.

From...	...to
Reactive casework	Relational prevention
Fragmented services	Connected systems
Consulting young people	Youth-led governance
Isolated delivery	Shared, values-led delivery

A new service	Building blocks
Youth workers as trusted locality-based connectors	Youth insight panels in each locality
Embedded within communities	Strengthen VCSE infrastructure
Working relationally with young people	Place-based delivery pilots
Bridging universal, targeted and specialist services	

A critical question this review has considered is the extent to which these strategic shifts are feasible and to help define the opportunity space. In particular, this shifts the focus for the LYTP programme beyond simply improving the youth offer, because as we have seen the service has barely survived. A radical reimagination of the wider system is required before we consider in more detail the critical aspects of the NYA nine elements of an effective youth service.

To facilitate these shifts, and to realise the Government’s ambitions through the LYTP of “rebuilding a highquality offer for young people and transition back local youth services leadership to local authorities ...”, the Council must lead work to reimagine a youth work offer that is ambitious and meets local ne eds. This will require the local authority to embrace a systems leadership role, which will entail convening partners, providers and young people to co-create a vision for the future of the service and lead its realisation. This framing is critical to the rest of the work in Shropshire and the recommendations that follow in this report. It will enable the reconfiguration of resources, relationships, power and practice across the system.

The insights and recommendations in this report are therefore based upon a framework of a possible new system for youth work in Shropshire which has the NYA nine essentials at its heart. This should be helpful for the local authority as it attempts to embrace systems leadership and take others on the journey. The

following section shows how these aspects fit together in Shropshire to comprise a new system for youth work.

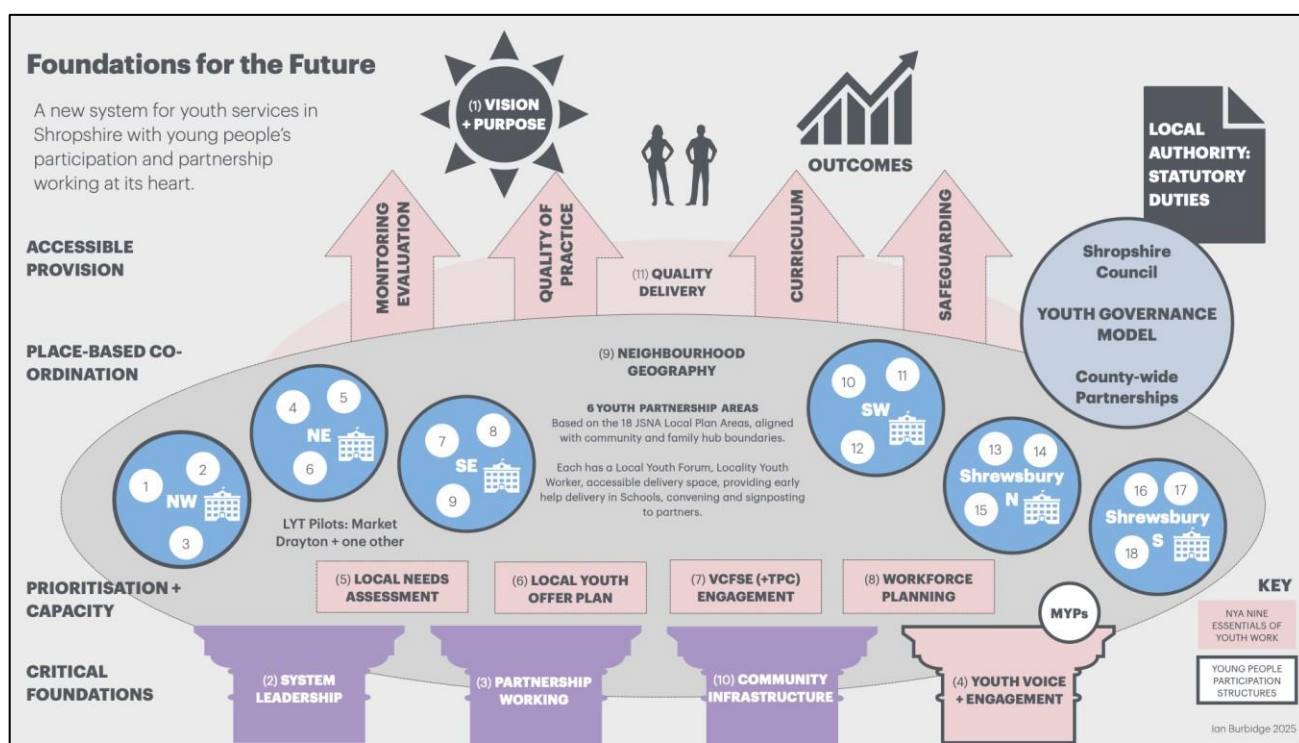
Foundations

To achieve this level of change the review has drawn both on the NYAs nine essentials of a youth service, the review team's experience, and the LADCs expertise in systems change. We have identified eleven elements which in turn form the structure of this report. These are shown below:

SYSTEM ELEMENTS		Foundations for the future	Prioritisation and capacity	Place-based coordination	High quality delivery	Nine Essential Criteria
1	Vision and Purpose					
2	System leadership					
3	Partnership working					
4	Youth voice and engagement					
5	Local needs assessment					
6	Local youth offer plan					
7	VCFSE engagement					
8	Workforce planning					
9	Neighbourhood geography					
10	Community infrastructure					
11	Quality of delivery • Quality of practice • Curriculum • Monitoring and evaluation • Safeguarding					

The system in Shropshire is mapped across four critical levels, illustrated below:

- *Core foundations for the future*, on which the success of the new system depends, including systems leadership (change), partnership working, youth voice and community infrastructure
- *Prioritisation and capacity*, four of the NYA essentials that ensure the youth work offer is strategically developed and delivered, with a focus on identifying need, developing the offer, harnessing the value of the VCFSE, and workforce
- *Place-based co-ordination* on a local geography that supports partnership working and creates a structure across the county on which future developments and improvements can be built. This is considered essential in such a large, sparsely-populated rural area.
- Both the above support the *high quality delivery* of youth services, as set out in the remaining five NYA essential areas of quality, curriculum, monitoring and evaluation and safeguarding.
- All of this work and activity is necessary but not sufficient. Without a compelling *vision and purpose* for the future of youth work (in its broadest sense) there is a risk that the goodwill and energy for change will dissipate over time and not achieve the impact that is possible.



Theory of change

The diagram above illustrates how the core aspects of a new system for youth services could fit together in Shropshire. The thesis for this work is that by putting these core building blocks in place (through this programme) the team can develop a solid foundation for the future. This emerging new system for youth work can be scalable with future investment, can maximise resources within the system, can amplify youth voice, can provide mechanisms for joining up services, can identify and be responsive to needs, and can be a springboard for future development.

Critical analysis

The rest of this report represents a critical analysis of the work needed to realise these strategic shifts and put in place the building blocks to create a new system for youth work that is for the future. Specifically, the review has found that there is goodwill and energy for change within the team and leadership at Shropshire Council. Inevitably, some will be worried about what change might mean for them. But maintaining a focus on the needs of young people will offer a coordinating principle that partners can coalesce around.

The next section considers each of the 11 challenges / themes in turn with a critical assessment, gap analysis, summary of the core challenge(s), opportunities and recommendations.

5. Core challenges

The eleven elements in the table on page 14 are each covered in turn in this section.

Vision and purpose

The LA should lead work to develop a clear vision for the future of youth provision in Shropshire.

The Youth Strategy 2024-2026 sets out the ambition to ‘create a Youth Offer for Young People in Shropshire which will put their needs at the forefront and prioritises their wellbeing by creating opportunities that will help them reach their full potential and live their best lives’. Shropshire Council is fully committed to working with partners to deliver a coordinated approach to deliver youth services for young people based on their needs and interests and fully informed by their engagement and participation.

The team at Shropshire Council are passionate about the potential this opportunity provides and have clearly done a large amount of preparation over recent months, including initial engagement with partners and senior leadership. There are lots of ideas and plans for change that the team are pursuing.

Challenge	Opportunity	Recommendations
How to co-create with young people a compelling vision for the impact that a new youth work offer can achieve in Shropshire over the next several years.	By convening young people and key stakeholders in an ongoing conversation around purpose and practice, the team can lead the reinvention and reconfiguration of the systems and processes that deliver youth work to Shropshire’s communities. A compelling and clear vision will form an essential ‘north star’ to guide the work of all involved and ensure that the focus of the necessary (and sometimes difficult) changes remains on the benefits of these changes for Shropshire’s young people.	The council should lead work with partners and young people to establish a compelling vision for change, defining what youth provision might look like in 2030 and 2035. Partners could, with young people, co-develop a Manifesto or Shropshire Compact to set out the core commitments and principles that signatories will abide by in order to support the change that is possible.

Systems leadership

The LA should step into its facilitation and convening role to lead change across the system

Systems leadership is not one of the nine essentials of a youth work offer, but it is included here because it is foundational to the Council’s ambition and, while not an explicit focus of the Shropshire Council’s plans, is at the heart of their approach. This is crucial in terms of putting in place the structures and relationships that can support and nurture the emergence of a new system for youth work over the coming years. However, it is unrealistic to drop a new, integrated service model into a broken system and expect it to succeed.

Youth work has been systematically disinvested in over the last 15 years as a result of a sustained national policy of austerity, which has in turn reduced other important public services, especially those that have a core prevention element, and contribute to the wider increase in the needs of young people. Historically the LA has hosted the Youth Work team, with some support from the voluntary sector. Senior leaders, though, recognise that the future can’t be a recreation of the past in terms of the LA owning delivery.

Challenge	Opportunity	Recommendations
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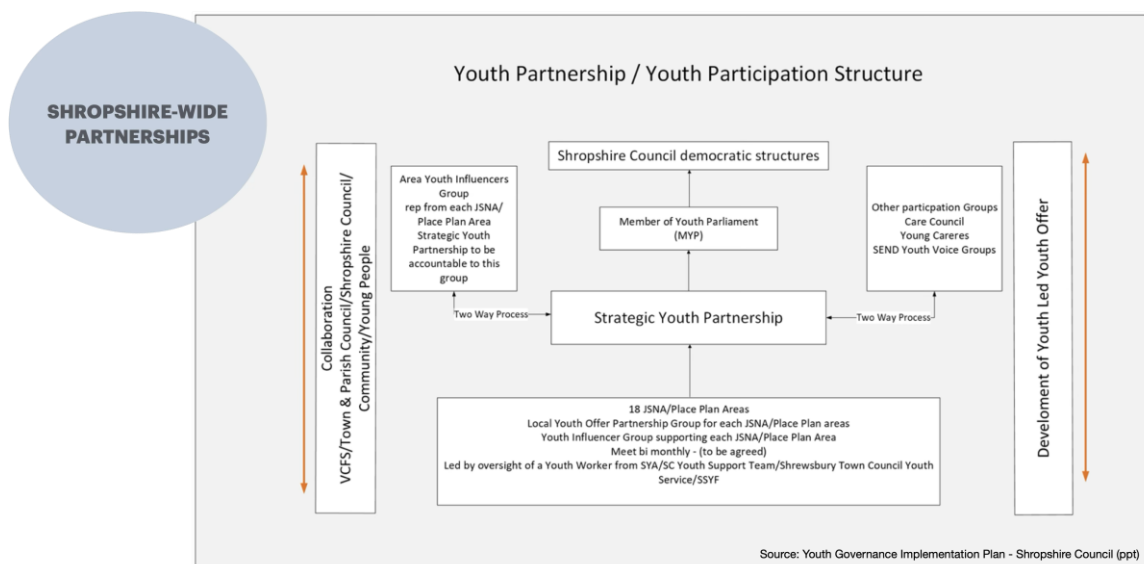
How to change a broken system and create a new paradigm for youth work in Shropshire	The opportunity is to take a longerterm perspective and reinvent the youth service. Taking the best of what we know works from past experience but reimagining it to be fit for purpose by 2030, bringing innovation and new ideas and to how it can centre young people at its heart.	The council should convene a multiagency innovation team drawn from across the system and, with external support, lead a systems change process that challenges the status quo, develops and tests out bold ideas for change, and generates momentum for change.
How will the LA shift towards and fulfil a system leadership role in this space	To rethink and redesign an offer that is appropriate for Shropshire and the needs of its young people. This will likely entail a mixed economy of provision, which in turn will necessitate a potential shift of roles and resources within the system. This will not be without its challenges. The council's core role is to 'steer not row'.	The council should articulate its systems leadership role, including clear definition of the system around youth work, mapping out the relationships with other teams and organisations. The council should lead work to clarify roles within the system, helping ensure that the youth team, other council teams, and core partners, fulfil clear roles that maximise their strengths and reduce duplication across the system.

Partnership working

The LA needs to foster and embed collaboration across the system

The Shropshire youth strategy sets out the ambition of creating a local youth partnership: "Shropshire Council is committed to the development of a local Youth Partnerships which will have oversight of the local youth offer within Shropshire to 'make sure' that there is a sufficient level of Youth Work in localities within Shropshire. This will be a collaboration of Youth Work Providers, wider Youth Sector, community and voluntary sector, Town and Parish Councils, business and Young People".

Headline partnership arrangements are illustrated below, however these don't reflect the full picture of relevant bodies in Shropshire that, to a greater or lesser extent, need to be plugged into this work. This broader partnership mapping has a local component, as we will see with the section on neighbourhood geography (below), as well as a county-wide aspect with strategic bodies.



Youth work has become a bit of a Cinderella service over the last 15 years; it is not a service used to having significant influence or profile. There is senior level buy-in, albeit within a council that has significant financial challenges. The funding offers an opportunity to redesign the way the system works but this will require the input and commitment of a range of services.

There may be a challenge for the youth service to persuade partners of the importance of this work and to encourage them to get engaged, not only across the local public services but including the range of providers in Shropshire.

Challenge	Opportunity	Recommendations
How might the youth service develop its profile and persuade other teams to collaborate?	To harness the energy for change that the team, and those closely connected with it, clearly display. This can help the team to take others with them on this journey. There could be very real momentum developed through this work, and it must be nurtured and sustained (because it can easily dissipate on contact with the 'immune response to change').	The team need to secure comms and advocacy support to develop and share the case for change. It is critical to secure not only senior-level buy-in, but support at all management tiers within the council, and across partners. A hearts-and-minds offensive will help promote and elevate the potential and importance of youth work. This piece of work needs executive level sponsorship as well as political commitment, through a dotted-line reporting arrangement to the programme lead. Links are proactively made, or strengthened, with key organisations in the system, including housing providers, Police, DWP (who also operate two youth employment hubs in Shropshire) and Young Carers. A mapping exercise may be a useful approach. The Youth hub areas will provide a helpful focus for this.

How can the team effectively develop multiagency partnerships?	Partnership working can support the joining up of services around young people and the prioritisation and effective delivery of services, maximising the resources in the system, especially through the sharing of information, intelligence, and learning.	The team should map relevant public and voluntary sector partnerships across Shropshire that are relevant to the delivery of youth services and seek to streamline and/or strengthen connections between them. The team might consider hosting a ‘good practice’ in partnership working retreat to draw the learning out from teams that are good at this in Shropshire, perhaps with some external input and/or facilitation. A practical guide might be an output from this work, establishing common principles and guidelines – ‘just enough’ structure to support their effective operation.
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LA Strategic Programme Action Plan

- Stage 1 - Establish steering group
- Stage 4 - Engage partners and stakeholders

Youth voice and engagement*

Youth participation is a rights-based approach that ensures young people influence decisions affecting their lives and communities and is essential to meaningful provision design.

Shropshire has a variety of means through which young people are consulted, engaged, and heard. These have generally been developed on an ad hoc basis over time. This has resulted in a range of mechanisms for listening to or engaging young people, as well as identifying their priorities and needs, but these tend to be based on consultation exercises or one-off opportunities such as involving young people on an interview panel.

A core challenge for the Council, as set out in the introduction, is to make the shift towards embedded structures and processes that make the engagement and participation of young people the norm as core part of the way the Council, its partners and team’s work. Some ideas are set out in the recommendations below but as a headline we advocate a review, perhaps using the Hear by Right framework (or similar), to identify current practice and opportunities to take Youth Voice to the next level, positioning Shropshire as an exemplar authority.

The establishment of youth panels in the six neighbourhood areas (see Neighbourhood Geography below), integrating the MEPs into this framework, exploring opportunities to establish young people’s engagement that influence Council policy development, governance and decision-making processes. Just as there are Scrutiny panels and impact assessments (such as ‘Health in all policies’), Shropshire could pilot arrangements to have young people’s scrutiny and develop a Young People in all policies approach.

This presents a key opportunity, therefore, to reframe participation as a core part of how services are planned, delivered and improved. A youth governance model could create clear, ongoing pathways for young people to contribute to strategic forums such as the Corporate Parenting Board, SEND partnerships, and service commissioning.

To make this shift, the Council will need to invest in participation infrastructure: staffing, training, youth facilitation, and formal integration into leadership and planning structures. Including this need in the assessment will support the development of a more consistent, inclusive, and transformational approach to youth voice fully aligned with the ambition for system reform.

Challenge	Opportunity	Recommendations
How to engage young people, hear their voice, and embed mechanisms for them to truly influence things	There are opportunities to embed youth voice at all levels of the new system in Shropshire and to bring coherence to the range of mechanisms for engaging and embedding youth voice across Shropshire and its core public services.	Design and pilot arrangements for the new local Youth engagement panels Develop a governance structure that sets out how young people will be engaged and can participate, and the infrastructure required to support that. Co-design, pilot and test strategic mechanisms to give voice to young people, such as an annual Shropshire Youth Assembly, a council youth scrutiny panel, young people-led impact assessments against new policy proposals, etc.
How to join up the various engagement mechanisms for young people	To bring coherence to these various mechanisms so that engagement is coordinated (duplication is avoided) and young people can see the value of getting involved.	To review (perhaps using a framework such as Hear by Right), align and systematise all the various mechanisms and involve young people in how they want to be engaged and heard. Consider the relationships between existing engagement mechanisms, the proposed area forums, the ideas above, and the
		youth MPs. Embed these within core council processes.

Local needs assessment*

A systematic and comprehensive data led approach to understanding the needs of young people to inform youth work provision.

There is a range of data about local need, of which the headlines are summarised in the section (context) above. The Children and Young People's JSNA offers significant helpful data around the challenges faced by young people in Shropshire. A critical challenge in rural localities is the often-hidden nature of need and poverty and the need to identify and respond to emerging issues.

Of particular note (though not exclusive) from our visit and interviews were issues around:

- Mental health
- Neurodiversity and autism, currently with around an 18 month wait for initial assessment
- An exponential rise in home schooling, with attendant issues
- Behavioural challenges arising from the rise of toxic masculinity
- County lines and broader issues around community safety

There are a range of services and providers that are supporting young people in Shropshire, although generally fragmented and of varying quality and cost. It can be difficult to know who is providing what in which area and for which groups of people and to join these up.

Challenge	Opportunity	Recommendations
How to identify, understand and address the needs of young people	Youth workers offer a localised and specialised resource in communities to understand needs and emergent issues and challenges and help contextualise the quantitative data. This intelligence can really help prioritise and direct service provision.	Bring qualitative and quantitative data together to ensure resources are targeting needs. This can be achieved by aligning the area engagement panels with the JSNA localities.
How to join up, coordinate and improve services for children and young people	It will be important to put in place sufficient structures and processes that support the coordination of effort and reduction of duplication, which will drive efficiencies across the system. Clarification of roles and strengths within these structures will be vital.	The EOI proposes the testing of areabased arrangements in two of the six areas. It would be sensible to select (after a process) two contrasting areas that offer different learning about how to do this in practice.

Local youth offer*

A co-produced plan by the Local Authority and VCFS that articulates the scope, accessibility, and intent of youth provision in the area based on need.

Youth Provision in Shropshire has historically been delivered through a fragmented system with separate strands of activity, led by the local authority, VCSE partners (over 1,200 voluntary groups in Shropshire as a whole), schools and town and parish councils (135).

There are limited providers of youth work in the county, borne out by responses to the survey.

Challenge	Opportunity	Recommendations
To ensure that a coherent youth offer exists in Shropshire and is delivered through a mixed economy of providers	To develop a roadmap towards securing sufficient local provision (provided by the council and/or partners) over a period of time. This can provide a coherent approach to delivery through a range of providers and maximising the resources, expertise and knowledge in the system. In turn, any gaps can be identified and addressed.	The council should consider expediting the planned development of a youth offer plan, working with young people and existing providers.

NYA Guidance Toolkit - relevant questions

- Do services meet needs?
- What are the gaps for improvement?

LA Strategic Programme Action Plan

- Stage 3 - Develop a youth plan offer

VCFSE engagement*

Collaboration with Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) partners to deliver a comprehensive and diverse youth offer.

With over 1200 voluntary sector groups in Shropshire, there are a wide range of organisations that provide more informal opportunities and activities for young people (such as sports clubs), with –as we have seen – far fewer providing specific youth work. However, there is still a function to be met in ensuring that those informal groups and clubs have access to, and know how to access, the training and support they need to ensure that their delivery meets required standards, such as around child protection.

Yet this sector is, as in many areas, underdeveloped and often relying on legacy contracts and working arrangements. The fiscal environment is clearly tough. Perhaps as a result, there has been a blurring of roles

between different organisations and functions, and the current investment in infrastructure support to the sector needs rethinking and recommissioning.

It is good practice for infrastructure support to be delivered by an organisation dedicated to that end. It is a conflict of interests when both support to the sector (which includes helping smaller organisations to access contracts and funding opportunities) and winning and delivering contracts, are done by the same organisation because the infrastructure provider is potentially competing for contracts with the very organisations it is established to support. These roles must be kept separate, and a Young People's Foundation (YPF) is one such model that can deliver this. Part of the available funding could be an investment in such an option.

The Council needs to tread carefully in considering how best to facilitate such a shift. This requires more than a blunt recommissioning exercise; we are instead suggesting a complete rethink as to how to deliver infrastructure support. Establishing a YPF is not a competitive, commissioning exercise but one of collaborating with the National YPF Trust to establish one.

Of course, unpicking legacy arrangements can be a painful and public process but this is not one to shy away from if the vision is to be realised and young people are to benefit.

Challenge	Opportunity	Recommendations
How can the council ensure that it is effectively supporting the VCSEF sector?	To clarify the roles and strengths that different organisations can play in the engagement and delivery of the new youth work offer. In particular, investing in a clear infrastructure support offer, which may include training, but which (for reasons of good governance) should not be held by an organisation or body that is also responsible for direct delivery.	The infrastructure support contract needs to be recommissioned, and this process affords the ideal opportunity. However, prior to the commissioning team being asked to lead a technical procurement process, a review of the current offer and good practice from elsewhere should be made. As part of this review, the council should consider establishing a new, independent Young People's Foundation, utilising the national model, to provide this functionality in Shropshire. Setting up a new trust specifically for this purpose may help navigate any potential tensions in the system. The council can then work with

		the newly-commissioned infrastructure support body to grow a mixed economy of provision by developing the market, ensuring quality, and commissioning training.
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NYA Guidance Toolkit - relevant questions

- Is there coherence in the engagement with the sector?
- Are their good communications and networking with the sector?

Workforce planning*

Developing a capable, qualified, and supported workforce to deliver a high-quality statutory youth work offer.

Due to the sustained lack of investment there are few trained youth workers and those that are working in the area are stretched in terms of capacity and the demand in communities for their services. Proposals from the Local Authority are to deploy their seven youth workers across the six proposed youth areas.

Challenge	Opportunity	Recommendations
How to recruit, develop and retain a quality workforce - not only in youth work but also critical services such as education	To maximise the resources there are in the system, to be a champion youth work and its value, and find opportunities to make a route into youth work a clearer and easier option for young people.	The LYTP opportunity may help to resource the development of training pathways, apprenticeships, and qualifications. Could there be a specific Shropshire offer?

NYA Guidance Toolkit - relevant questions

- Is there a training needs assessment?
- Do you evaluate training effectiveness?
- Is there a workforce development plan?

LA Strategic Programme Action Plan

- Stage 6 - Implement training and development

Neighbourhood geography

Enable collaboration and coordination of youth work and services for young people at a local geography that makes sense for Shropshire, while also offering a means of piloting change on contrasting areas.

As illustrated in Appendix 1 there are 18 local plan areas covering Shropshire (within the JSNA, so detailed profiles exist). They are aggregated into six local youth partnerships (see also sections on Partnership working, Youth voice, and Community infrastructure). The intent is that they align with the community and family hub boundaries (below) to aid local joining up of services and signposting to them.



Each LYP will therefore cover a geographical area of the county:

- Southeast - 4 secondary schools covering town and small parishes
- Southwest - 4 secondary schools covering Town and Parish Councils
- Northwest - 4 Secondary Schools covering Town and Parish Councils
- Northeast - 4 Secondary Schools covering Town and Parish Councils
- Central North (Shrewsbury) - 2 secondary schools with a number of wards/localities
- Central South (Shrewsbury) - 3 secondary schools with a number of wards/localities.

Proposals are for each of the six local youth partnerships to have a youth worker and youth engagement panel in each. The youth workers will be attached to these Local Youth Partnerships and deliver outreach and group work, as well as connecting young people to the opportunities and services that exist in their area.

They will also deliver a targeted youth work offer and mentoring within schools. Testing out these prevention hubs in schools is seen as a core part of the pilot.

Alongside schools each area will identify spaces (such as libraries and community halls) that young people can access. This is described as a 'spaces in spaces' or TriZone approach, for which plans already exist. Such branding could usefully help young people recognise whether there is a youth worker available in their community, for example, school, library or community space.

It is suggested that this is tested in one of the six areas and Market Drayton has already been identified as one of two pilots.

Challenge	Opportunity	Recommendations
How can neighbourhood structures offer an organising principle for collaboration and service delivery?	For the local authority and its partners, especially the VCSEF sector and town and parish councils, to come together in these geographies to share knowledge, practice, needs, and coordinate delivery.	Test out arrangements in two of the six areas and ensure that the learning is captured and utilised. Capture the learning and build this into best practice guides. It is also necessary to ensure that an appropriate geography is used as a coordinating principle. For example, can the council and partners establish and support, however light touch, 18 areabased arrangements? This review is a perfect opportunity to test this out and determine the most appropriate way forwards for Shropshire.

Community infrastructure

Appropriate spaces, and young people's access to them, remains a critical challenge for the delivery of effective youth work and services in Shropshire.

There is a need for spaces in communities that are trusted by young people. Few former youth centres are still available and many communities, especially in more rural parts of the county. The council are working towards creating a "spaces within spaces" model, which involves a Tri-Zone model of youth hubs based in schools, libraries and the community (such as village and community halls). This is to become the home for multi-disciplinary teams including social prescribers and family support / early help teams.

Transport and access to services is a real challenge in terms of young people accessing formal service and youth work provision as well as more informal clubs and groups and activities in the area. This is in terms of both the provision and affordability of public transport. During term time, the nature of school bus transport makes it difficult for young people to attend sessions after school as they then have no way of getting home.

Challenge	Opportunity	Recommendations
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How to identify appropriate and trusted spaces for the delivery of youth work?	To redefine what constitutes a safe space that young people are confident to use and identify appropriate spaces in the pilot communities (and beyond). This mapping can usefully be piloted in the initial communities.	To work with parish councils and schools, in particular, alongside young people, to identify and create safe, trusted and accessible spaces for the delivery of youth work.
How can partners enable and ensure fair access to opportunities?	To work with young people to develop a wide range of ideas to improve issues around rurality and access. This could be developed into a set of mini 'experiments' to test out a wide range of the preferred ideas. Those that show promise can then be developed in more detail.	To engage with other relevant partners, especially schools, to consider options to reconfigure transport provision and access to services. There is an opportunity to utilise some of the funds to identify, develop and test local innovations in this regard. The local youth hubs could be provided with an innovation budget to do this, with social innovation support commissioned to curate the design process.

Quality of delivery*

The Council needs to consider its role in ensuring quality delivery of the wider service, independent of provider, in line with the NYAs nine essential criteria.

Five of the essential criteria have already been covered and the remaining four, relating mostly to the quality of delivery, are covered below, highlighting the most relevant questions from the guidance that surfaced during the review.

Essential Criteria	Purpose	NYA Guidance Toolkit - Questions
Quality of practice	High quality youth work delivers the best outcomes for young people. Underpinned by a clear set of principles, practice guidance and values that are led by the needs and aspirations of young people.	• Is there an effective support structure in place to support the development of youth work? • Are their effective Quality assurance system in place? • Are their enough trained staff and volunteers?

Curriculum	Use of the NYA Youth Work Curriculum offers greater understanding of youth work practice and provides an educational framework and a standardised approach.	• To what extent does this shape and inform the youth work offer? • How are you implementing it locally?
Monitoring and evaluation	Enable continuous improvement and demonstrate the impact youth work makes in young people's lives.	• Have you ensured there is sufficiency of provision against the local needs analysis? • How do you collect data to help evaluate the impact of services?
Safeguarding	Excellent youth work is underpinned by the principle that the welfare of young people is paramount.	• Are safeguarding training and resources provided? • Do you conduct regular checks and audits of organisations? • How do you ensure that referral pathways are clear?

Recommendations

The council should expedite their plans to co-ordinate the implementation of the National Youth Agency (NYA) Statutory Duty Toolkit and complete an assessment against the nine essential criteria. In doing so the council needs to be clear about the different roles within the system and how accountability for quality delivery will be identified and fulfilled.

6. Gap Analysis and Recommendations

As we have seen, the focus of the review was on the strategic building blocks of a future system, as this is where the greatest leverage from the LYTP will be achieved. However, clear questions have been posed against all nine of the Essential elements of a Youth Offer, per the NYA guidance, and a peer review of this wider offer will be an important option for the team once they are establishing the clear foundations recommended in this report.

This review highlights 16 critical challenges to inform the work, and answering them will help the team close the gap between where they are and where they can be as a result of this programme. The twenty recommendations are intended to help the team, and their partners, to close this gap and reinvent the youth service system in Shropshire, thus providing the foundations upon which a future, reinvented system of youth work can be based.

The challenges and recommendations are reprised below.

Element	Challenge	Recommendations
1 Vision and Purpose	How to co-create with young people a compelling vision for the impact that a new youth work offer can achieve in Shropshire over the next several years.	R1. R2. The council should lead work with partners and young people to establish a compelling vision for change, defining what youth provision might look like in 2030 and 2035. Partners could, with young people, codevelop a Manifesto or Shropshire Compact to set out the core commitments and principles that signatories will abide by in order to support the change that is possible.
2 System leadership	How to change a broken system and create a new paradigm for youth work in Shropshire	R3. The council should convene a multi-agency innovation team drawn from across the system and, with external support, lead a systems change process that challenges the status quo, develops and tests out bold ideas for change, and generates momentum for change.
	How will the LA shift towards and fulfil a system leadership role in this space	R4. The council should articulate its systems leadership role, including clear definition of the system around youth work, mapping out the relationships with other teams and organisations. R5. The council should lead work to clarify roles within the system, helping ensure that the youth team, other councils teams, and core partners, fulfil clear roles that maximise their strengths and reduce duplication across the system.
3 Partnership working	How might the youth service develop its profile and persuade other teams to collaborate?	R6. The team need to secure comms and advocacy support to develop and share the case for change. It is critical to secure not only senior-level buy-in, but support at all
		management tiers within the council, and across partners. A hearts-and-minds offensive will help promote and elevate the potential and importance of youth work.

		R7. This piece of work needs executive level sponsorship as well as political commitment, through a dotted-line reporting arrangement to the programme lead. R8. Links are proactively made, or strengthened, with key organisations in the system, including housing providers, Police, DWP (who also operate two youth employment hubs in Shropshire) and Young Carers. A mapping exercise may be a useful approach. The Youth hub areas will provide a helpful focus for this.
	How can the team effectively develop multiagency partnerships?	R9. The team should map relevant public and voluntary sector partnerships across Shropshire that are relevant to the delivery of youth services and seek to streamline and/or strengthen connections between them. R10. The team might consider hosting a 'good practice' in partnership working retreat to draw the learning out from teams that are good at this in Shropshire, perhaps with some external input and/or facilitation. A practical guide might be an output from this work, establishing common principles and guidelines – 'just enough' structure to support their effective operation.
4	Youth voice and engagement	How to engage young people, hear their voice, and embed mechanisms for them to truly influence things R11. Design and pilot arrangements for the new local Youth engagement panels R12. Develop a governance structure that sets out how young people will be engaged and can participate, and the infrastructure required to support that. R13. Co-design, pilot and test strategic mechanisms to give voice to young people, such as an annual Shropshire Youth Assembly, a council youth scrutiny panel, young people-led impact assessments against new policy proposals, etc.

	How to join up the various engagement mechanisms for young people	R14. To review (perhaps using a framework such as Hear by Right), align and systematise all the various mechanisms and involve young people in how they want to be engaged and heard. R15. Consider the relationships between existing engagement mechanisms, the proposed area forums, the ideas above, and the youth MPs. Embed these within core council processes.
5	Local needs assessment	R16. Bring qualitative and quantitative data together to ensure resources are targeting needs. This can be achieved by aligning the area engagement panels with the JSNA localities.
	How to join up, coordinate and improve services for children and young people	R17. The EOI proposes the testing of area-based arrangements in two of the six areas. It would be sensible to select (after a process) two contrasting areas that offer different learning about how to do this in practice.
6	Local youth offer	R18. The council should consider expediting the planned development of a youth offer plan, working with young people and existing providers.
7	VCFSE engagement	R19. The infrastructure support contract needs to be recommissioned, and this process affords the ideal opportunity. However, prior to the commissioning team being asked to lead a technical procurement process, a review of the current offer and good practice from elsewhere should be made. R20. As part of this review, the council should consider establishing a new, independent Young People's Foundation, utilising the national model, to provide this functionality in Shropshire. Setting up a new trust specifically for this purpose may help navigate any potential tensions in the system. The council can then work with the newly-commissioned infrastructure support body to grow a mixed economy of provision by developing the market, ensuring quality, and commissioning training.

8	Workforce planning	How to recruit, develop and retain a quality workforce - not only in youth work but also critical services such as education	R21. The LYTP opportunity may help to resource the development of training pathways, apprenticeships, and qualifications. Could there be a specific Shropshire offer?
9	Neighbourhood geography	How can neighbourhood structures offer an organising principle for collaboration and service delivery?	R22. Test out arrangements in two of the six areas and ensure that the learning is captured and utilised. Capture the learning and build this into best practice guides. R23. It is also necessary to ensure that an appropriate geography is used as a coordinating principle. For example, can the council and partners establish and support, however light touch, 18 area-based arrangements? This review is a perfect opportunity to test this out and determine the most appropriate way forwards for Shropshire.
10	Community infrastructure	How to identify appropriate and trusted spaces for the delivery of youth work?	R24. To work with parish councils and schools, in particular, alongside young people, to identify and create safe, trusted and accessible spaces for the delivery of youth work.
		How can partners enable and ensure fair access to opportunities?	R25. To engage with other relevant partners, especially schools, to consider options to reconfigure transport provision and access to services. There is an opportunity to utilise some of the funds to identify, develop and test local innovations in this regard. The local youth hubs could be provided with an innovation budget to do this, with social innovation support commissioned to curate the design process.

11	Quality of delivery	The Council needs to consider its role in ensuring quality delivery of the wider service, independent of provider, in line with the NYAs nine essential criteria.	R26. The council should expedite their plans to co-ordinate the implementation of the National Youth Agency (NYA) Statutory Duty Toolkit and complete an assessment against the nine essential criteria. In doing so the council needs to be clear about the different roles within the system and how accountability for quality delivery will be identified and fulfilled.
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7. Next Steps

We are excited for the opportunity that Shropshire have with the LYTP programme; the energy and commitment and passion of staff and partners was palpable. We have now reviewed and consolidated the information, evidence and ideas that support this work and that arose through our visit. We trust that in this report we hold up a helpful critical lens.

We hope that the findings presented in this report provide an accurate and balanced reflection of the discussions held with you, your staff, partners, and young people across Shropshire. Any factual errors are ours of interpretation.

These findings now form an evidence base to inform your next step: the development of a comprehensive plan that responds directly to the review's recommendations and supports your submission for the Local Youth Transformation (LYT) grant.

The Local Authority Development Consultant (LADC), Ian Burbidge, and Case Lead, Tony Challinor, will continue to work with you to shape the development plan, ensuring it aligns with the priorities and improvement areas identified through this review.

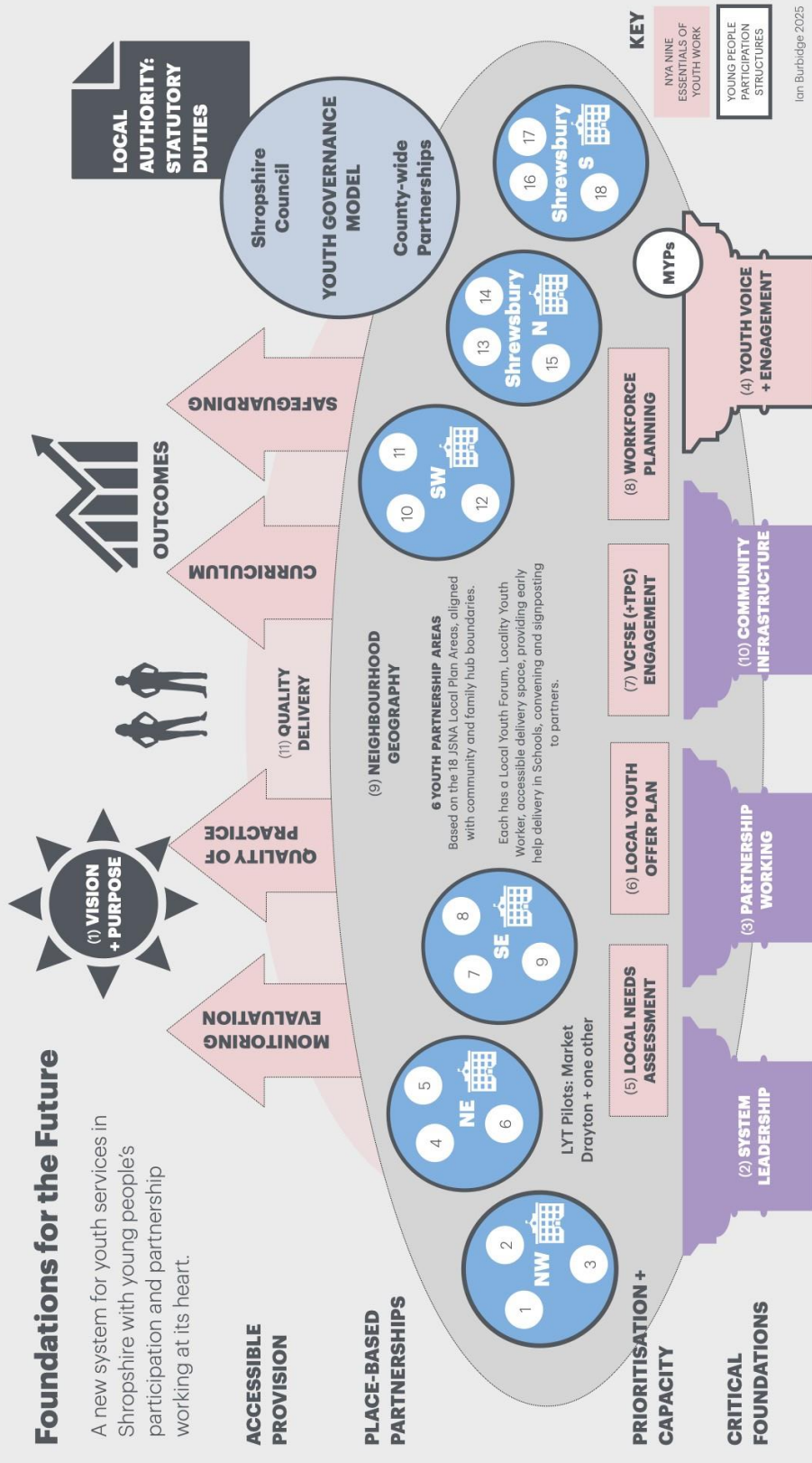
Thank you once again for your engagement throughout the review process. We would like to extend our appreciation to all those who contributed, particularly Helena Williams and Stafford Mason for their preparation, coordination, and ongoing support of the LYT Review Team.

A full list of those we engaged with is provided at appendix 4.

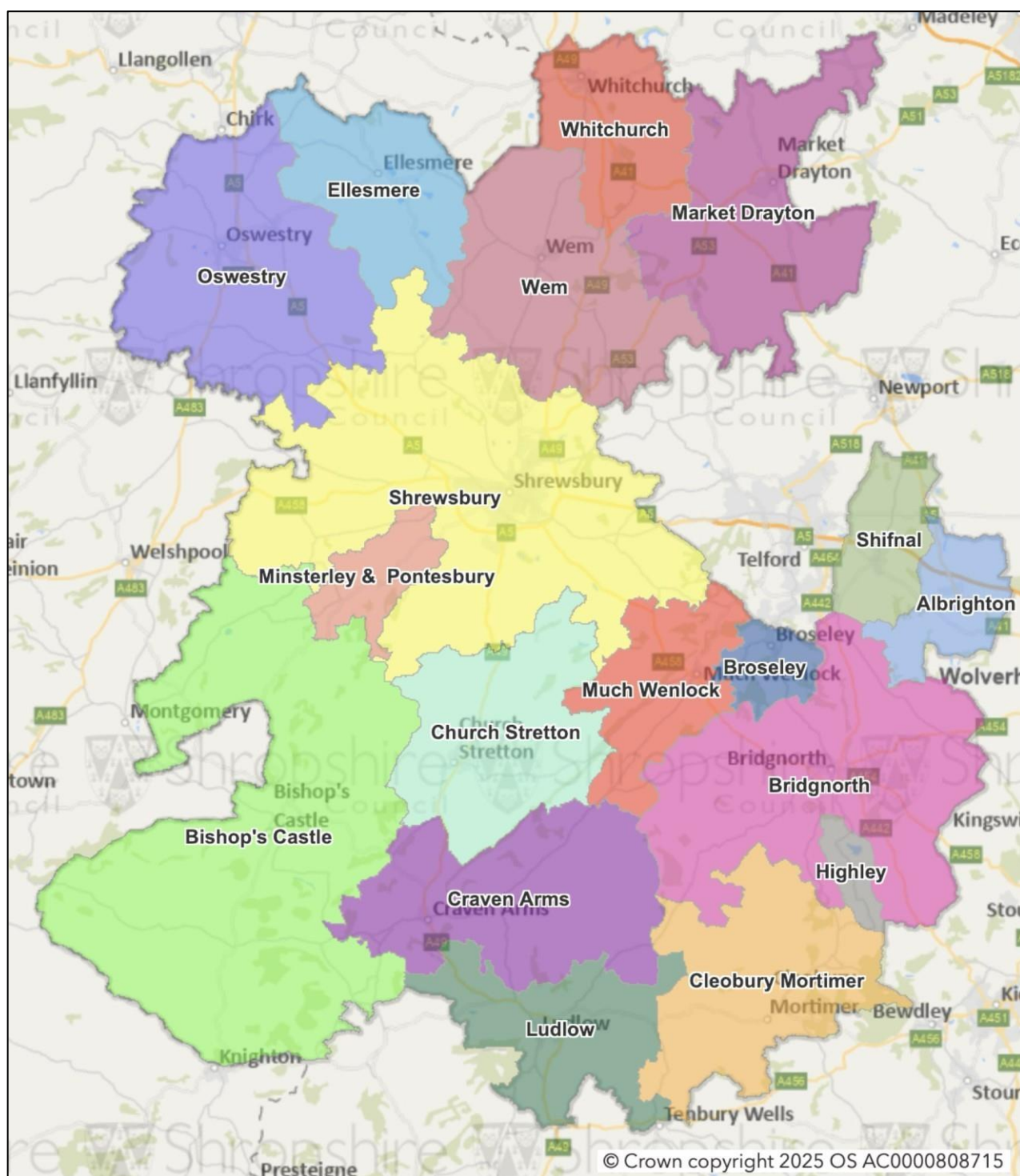
Appendix 1: A new youth services system

Foundations for the Future

A new system for youth services in Shropshire with young people's participation and partnership working at its heart.



Appendix 2: Neighbourhood Geography



Source: Shropshire Council JSNA

The Local Youth Partnerships will align with Shropshire community and family hub areas:



Appendix 3: Young People Survey

See separate research report.

Appendix 4: Provider Survey

See separate research report.



Appendix 5: Interviewees

Our thanks to those who actively and generously engaged with us as part of this work, including:

Shropshire Council

Helena Williams and Stafford Mason, Shropshire Council Youth Services team

Youth Work team (Carly, Beth, Ian, Andy)

Cabinet Members and Portfolio leads: Deputy Leader and Communities (Cllr Alex Wagner), Children and Education (Cllr Andy Hall), Health (Cllr Bernie Bentick)

Director of Children's Services (David Shaw)

Early Help and Looked after Children Service Manager (Siobhan Hughes)

Early Help team: (Nina Kooner and Emily Wada)

Public Health: Paula Mawson, Customer and Communities

Community and family hubs (Mel, Charlie)

Health

Healthy Lives + Social prescribing (Naomi and Claire)

ICB (Lorna)

Community wellbeing outreach team (Kathy, Lou, Anne Marie, Amanda, Phil, Dami, Hannah) **Partners**

Energize, Pete Ezard

Ludlow School: Deborah Tysall, Assistant headteacher (pastoral and safeguarding lead)

SYA (Richard Parkes, Kerry Williams, Amanda Hollingshead)

Shropshire Youth Parliament members (Stephanie)

4All Foundation (George Hansell)

Young people

Ludlow school contact session

Meole Brace community centre detached youth work session

Survey respondents

All those who completed the young people, provider or Town and Parish council surveys.

Disclaimer

Any factual errors or errors of interpretation are mine alone as lead author of this report.

Ian Burbidge, LADC, July 2025.





SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	20 th November 2025				
Title of report	Place Universal Offer				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	Information only (No recommendations)	x
Reporting Officer & email	Pete Ezard Pete.ezard@energizestw.org.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working		x
	Mental Health		Improving Population Health		x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities		x
	Workforce		Reduce inequalities (see below)		
What inequalities does this report address?					

1. Executive Summary

Energize STW as a 'system partner' for Sport England has received £510,000 through an investment strand call Place Universal Offer to consider more effective system thinking and implementation through a 'place' lens. The use of this investment will be in line with Shropshire Council and SHIPP priorities.

2. Recommendations

The Board is asked to note the update on the Place Universal Offer.

3. Report

Energize STW is one of 42 Active Partnerships working with local and national partners to improve quality of life through physical activity and movement. We are predominately funded through Sport England although several projects are supported through local strategic commissions.

Following a series of successful 'local delivery pilots' Sport England have commitment additional resource and investment to support place-based working where there is clear evidence that a more targeted approach has a positive impact on those facing the greatest inequalities. As such this commitment has extended to Shropshire and we will receive an investment of £510,000 over two years starting in January 2026.

Energize STW will be the gate keeper for this investment, but over the last few months we have been working with key stakeholders across Shropshire Council, health and voluntary sectors to understand how we should use this money in line with SHIPP priorities.

Following several stakeholder and working group meetings the following focus areas have been identified.

Active Environments – Focus on planning/infrastructure teams with closer alignment to public health and population health agendas.

Direct Alignment with Local Youth Transformation Pilot and National Neighbourhood Health

Implementation Plan to accelerate both DCMS and DH&SC government place focused investment areas. This will inform test and learn areas/audiences with these soon to be identified through the programme of work.

Digital Connectivity – Understanding and supporting the role digital has in supporting people to live well, empowering movement and staying connected to their communities.

Distributed Leadership – Within a disconnected system, gain the necessary system leadership across the strategic function of our whole place. Explore leadership opportunities within neighbourhood areas identified

Crucially, the investment must demonstrate system change, understanding and better connecting the systems that shape how we live and ultimately moving from transactional to transformational approaches and sustainable investment.

Sport England recognises that incorporating multiple approaches and components is more likely to facilitate system change, therefore the funding will also have to align to the following eight areas.

- Support to build on existing progress
- Access to system change facilitators
- Evaluation and learning
- System leadership support
- Test and Learn
- Capacity and capability
- Specialist support and resources
- Collaboration and networking

Please note that the investment is not to support existing short falls in budgets, fund management costs or activity that is currently funded by Sport England or other restricted grants (e.g. HAF)

Risk assessment and opportunities appraisal <i>(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</i>	All risks will be covered through Energize’s own risk register and operations will be underpinned by the compliance standards we have to meet through the UK Sport Code of Governance and the Charities Commission. However, we would be completely transparent in our operations if the H&W Board required further checks to take place.	
Financial implications <i>(Any financial implications of note)</i>	None	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	ShIPP
	Voluntary Sector	
	Other	
List of Background Papers		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Appendices		



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	20 th November 2025				
Title of report	VCSE Support Over Winter				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	Information only (No recommendations)	x
Reporting Officer & email	Jackie Jeffrey (Citizens Advice Bureau) jackiejeffrey@cabshropshire.org.uk, Fran Romberg (Shropshire Council) fran.romberg@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working		x
	Mental Health	x	Improving Population Health		X
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		x
	Workforce		Reduce inequalities (see below)		x
What inequalities does this report address?	Hardship and poverty				

1. Executive Summary & report

Support available for communities in Shropshire over the 2025 winter period can be divided into the following categories:

- **Community-Based Support and Warm Spaces** – VCSE organisations will be offering special Christmas events to combat loneliness over the winter period. Many VCSE organisations are taking part in the Warm Spaces scheme, offering their building as a warm place for people to visit for free as well as providing activities.

Children and young people receiving free school meals can find support through the Holiday and Activities Fund with many VCSE providers taking part.

- **Household and Financial Support** – Food banks will be operating and usually are very busy over the winter period. Ensure you are aware of the referral scheme that the food bank in your local area uses. Visit <https://www.shropshirelarder.org.uk/> for a full list of food banks and community food programmes, some may be providing Christmas meals such as Hands Together Ludlow.

Community Resource, NILS and Marches Energy Agency can provide support in the form of advice, loans and grants for households struggling with bills, keeping their home warm or buying essential items.

- **Health and Wellbeing** - Community Transport offers are available for anyone struggling to leave their home or reach health appointments. Age UK can provide support for older people including shopping and befriending.
- **Mental Health** – VCSA Mental Health Forum will provide an update on services running over the Christmas period for anyone experiencing mental health struggles or crisis.

It's important to note that many services work alongside or are supported by the public sector. Additionally, many further services may change or be added as time goes on. The VCSA newsletter is important to keep an eye on for updates on additional services or changes.

2. Recommendations To note the contents of the report and presentation		
Risk assessment and opportunities appraisal	-	
Financial implications	-	
Climate Change Appraisal as applicable	-	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	
List of Background Papers		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Jackie Jeffrey, Chief Exec, Citizens Advice Shropshire		
Appendices		



SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	20th November 2025					
Title of report	Better Care Fund 2025-26 quarter two template					
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)	
Reporting Officer & email	Jackie Robinson, Senior Integrated Commissioning Lead Jackie.robinson16@nhs.org					
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working			x
	Mental Health	x	Improving Population Health			x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities			x
	Workforce	x	Reduce inequalities (see below)			x
What inequalities does this report address?	Access to services, particularly for carers, people living in rural areas, older age adults and people who need support from health and social care.					

1. Executive Summary

This report provides a summary of the Better Care Fund (BCF) 2025-26 quarter two template for Shropshire. The deadline for submission of the completed template to NHS England was 11th November 2025. In line with national conditions, the approval of the Joint Chairs of Health and Wellbeing Board (HWBB) was obtained prior to submission, and retrospective approval is now sought from HWBB.

2. Recommendations

HWBB approves the BCF 2025-26 quarter two template (see appendix A).

3. Report

3.1. Policy Framework

The [Better Care Fund policy framework 2025 to 2026](#) sets out the Government's aims:

- To be a first step in a broader shift to align with the government's Health Mission and the shift to a neighbourhood health approach.
- To better support patients and service users by enabling people to live more healthy and independent lives for longer.
- To support hospital flow and positively contribute to the NHS' ability to move towards constitutional standards.
- To make the BCF work better for local authorities and the NHS by reducing administrative burdens and providing greater flexibility to meet BCF objectives.

In line with the government's vision for health and care, the BCF Policy Framework also sets out the vision, funding, oversight and support arrangements, focused on two overarching objectives for the BCF in 2025-26:

- reform to support the shift from sickness to prevention.
- reform to support people living independently and the shift from hospital to home.

A national condition of the BCF programme is for quarterly templates to be completed, approved by the local HWBB and submitted to the national BCF Team. The deadline for submission of the quarter two template was 11th November 2025. In line with national conditions, the approval of the Chairs of Health and Wellbeing Board (HWBB) was obtained prior to submission.

3.2. 2025-26 BCF Plan

Shropshire's 2025-26 BCF Plan consists of:

- A narrative plan.
- A planning template which articulates the goals for the metrics which are used locally and nationally to monitor progress towards the Plan.
- An intermediate care (including short-term care) capacity and demand plan.

For 2025-26 there are three headline metrics:

- Emergency admissions (emergency admissions to hospital for people aged over 65 per 100,000 population).
- Discharge delay (average length of discharge delay for all acute adult patients, derived from a combination of proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD) and, for those adult patients not discharged on their DRD, average number of days from the DRD to discharge).
- Residential admissions (long term admissions to residential care homes and nursing homes for people aged 65 and over per 100,000 population).

As reported throughout 2024-25 and in 2025-26 quarter one, Shropshire and Telford Hospital NHS Trust's (SaTH's) data was inaccurate/incomplete due to the implementation of a new EPR system. This meant it was not possible to set accurate metric plans for emergency admissions and delayed discharge delays.

Through the national assurance process for BCF Plans, assurance with the following local condition was received for Shropshire's Plan. The condition is:

- Review the goals set for discharge and emergency admission metrics and, if necessary, adjust in light of improvements in the quality of data used to inform these goals, finalised ICB operational plans and the need to maximise delivery against BCF objectives.

Now that data flow has been restored and quality checks completed, a review of the metric plans has been undertaken. The review showed that the temporary metric plan submitted for emergency admissions was accurate and does not need to change. It was not possible to provide any metric plan for discharge delays until data flow was restored. An accurate plan has now been developed and is included in the template.

3.3. Performance

Quarter two performance data shows that Shropshire is on track to achieve its metric plans for emergency admissions, delayed discharges and residential admissions.

3.4. Future direction

BCF planning will become part of neighbourhood health planning from 2027-28. NHS England is currently working on how this will be done in practice. To give the time required, HWBB areas will be asked to develop a one-year BCF Plan for 2026-27. NHS England will publish the policy guidance and planning requirements imminently.

Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

Demand and capacity continue to be a key area of focus and monitoring as demand increases.

The amalgamation of BCF planning with neighbourhood health planning will give rise to opportunities to strengthen system working and drive progress towards delivery of shared strategic priorities.

Financial implications (Any financial implications of note)	Financial updates are included in the quarter two template (see appendix A). There is no assurance of funding for 2026 onwards.	
Climate Change Appraisal as applicable	Climate change appraisal is carried out as part of commissioned activity.	
Where else has the paper been presented?	System Partnership Boards	n/a
	Voluntary Sector	n/a
	Other	n/a
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) None		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Councillor Ruth Houghton, Cabinet Member for Adult and Children Social Care		
Appendices Appendix A - BCF 2025-26 Q2 reporting template		

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SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	20 th November 2025		
Title of report	Vaccination Update Report		
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of recommendations (With discussion by exception)	x Information only (No recommendations)
Reporting Officer & email	Rachel.robinson@shropshire.gov.uk		
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working x
	Mental Health	x	Improving Population Health x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities x
	Workforce		Reduce inequalities (see below) x
What inequalities does this report address?	Income, disability, age, health, rurality		

1. Executive Summary

This item combines updates from across the system regarding winter vaccination uptake.

STW Vaccination Improvement Plan

The system winter plan has been submitted to NHSE to provide assurance on winter preparedness plan. As part of this a vaccination improvement plan (see appendix 1) has been developed to increase seasonal vaccination uptake across all eligible groups but with an additional focus on inequalities.

The aim of the plan is to provide consistent and accessible information, reinforcing confidence, and signposting to services at the point of need. With the strategic focus areas:

- Maximise uptake of seasonal vaccinations (flu, Covid booster, RSV, MMR etc)
- Maintain and build public confidence in the safety and importance of vaccines
- Promote convenience and accessibility – vaccination as simple, quick and local
- Address barriers to uptake through targeted communications and engagement
- Improve reach and impact by engaging diverse communities, including those harder to access
- Utilise NHS England resources to reinforce and amplify local communications – Ensure easy read and translated material for all vaccines, consider use of videos
- Align vaccination messaging with wider system campaigns (Think Which Service, Pharmacy First, NHS App) to ensure consistency and joined-up communications
- Use of data to target resources to greatest areas of need and impact taking an evidence based approach building on best practice in terms of what works

To support addressing inequalities, STW have been successful in bidding for additional funding through NHSE to develop an inequalities project to increase uptake in these population groups.

The project plan focuses on 3 elements.

- Data – obtaining up to date accurate data of vaccination uptake that is broken down by demographics to support a targeted approach to population groups with lowest uptake.

- Educator role- dedicated educator role hours in both Shropshire and Telford & Wrekin Local Authority. The educator roles will be utilised to provide training and awareness for vulnerable population groups with low uptake. The proposal also includes education for LA, NHS and voluntary sector staff to enable enhanced reach and sustainability.
- Pop up clinics- the provision of pop-up community clinics where access is seen to be a barrier to access.

In addition, Shropshire Community Health Trust have received project funding through NHSE to pilot codelivery of Covid and Flu vaccinations for designated groups.

A comprehensive communication plan is in place with resources to support the uptake of seasonal vaccinations see appendix 2

The communication plan focuses on key groups:

- Children and young people
- Adults over 65
- Pregnant women
- Individuals with long term health conditions
- Individual who are immunocompromised
- Health and social care staff

Current vaccination uptake

The NHS flu vaccination commenced on 1st September 2025 for pregnant women and children and young people with the rest of the eligible population being able to book from 1st October.

Flu vaccination eligibility

From 1 September 2025:

- pregnant women
- all children aged 2 or 3 years on 31 August 2025
- primary school aged children (from Reception to Year 6)
- secondary school aged children (from Year 7 to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years

From October 2025, exact start date to be confirmed by NHS England in due course:

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the [Green Book, Influenza chapter 19](#))
- those in long-stay residential care homes
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

Covid Eligibility

The announced and authorised cohorts eligible for a COVID-19 vaccine in AW 2025/26 are:

- residents in a care home for older adults
- all adults aged 75 years and over
- persons aged 6 months and over who are immunosuppressed, as defined in tables 3 and 4 of the COVID-19 chapter of the [Green Book](#).

RSV Eligibility

- you're 28 weeks pregnant or more – the vaccine is recommended during every pregnancy to help protect your baby after they're born
- you're aged 75 to 79
- you turned 80 years old after 1 September 2024

Data

(See appendix C)

2. Recommendations

- The Board are asked to take the opportunity to comment on the vaccination project plan
- All partners promote vaccinations to maximise uptake of seasonal vaccinations
- All partners share communication resources.

3. Report

Please see appendices for reports

Risk assessment and opportunities appraisal N/A

Financial implications N/A
(Any financial implications of note)

Climate Change N/A

Appraisal as applicable

Where else has the paper been presented? System Partnership Boards
Voluntary Sector
Other

List of Background Papers

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Rachel Robinson, Executive Director – Public Health (DPH), Shropshire Council

Cllr. Bernie Bentick, Portfolio Holder for Health & Public Protection, Shropshire Council

Appendices

Appendix A. Vaccination Project Plan

Appendix B. Vaccination communication plan

Appendix C. Vaccination data (detailed below)

Appendix C Data

Flu 25/26

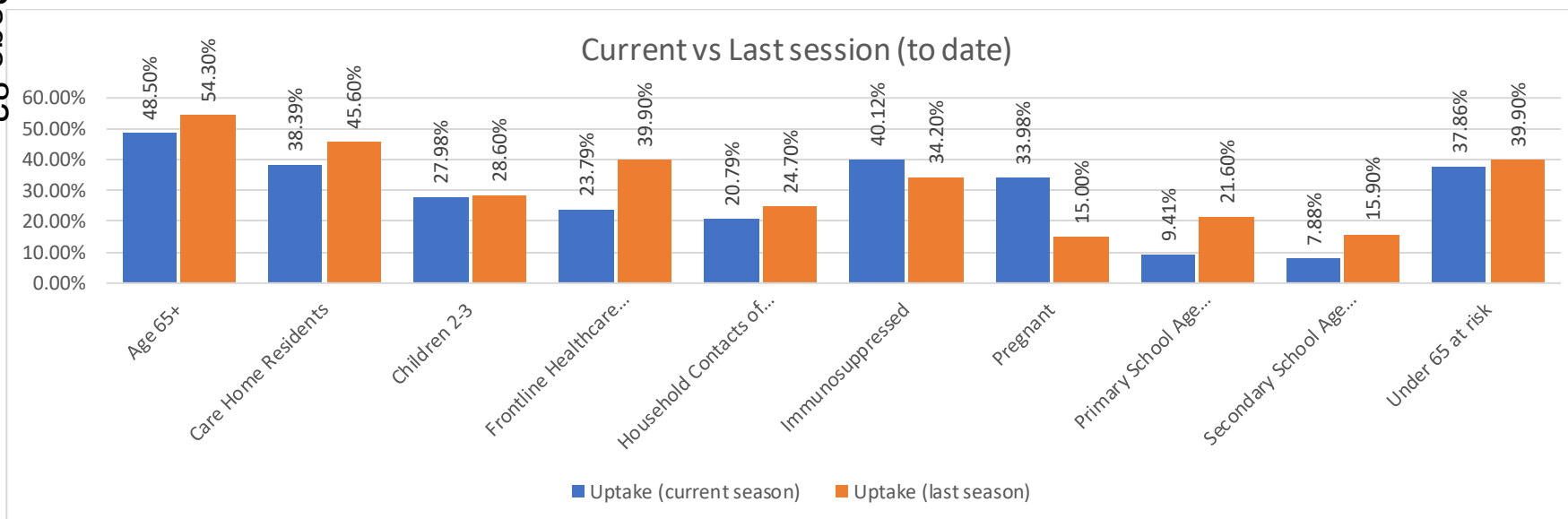
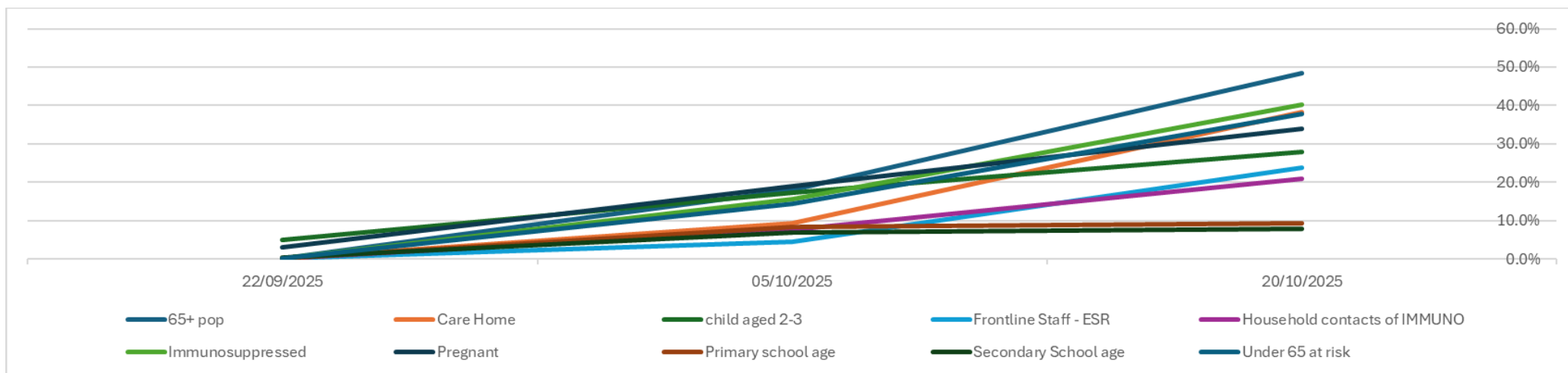
Latest position

30.58%

Total Vaccs rate	22/09/2025	05/10/2025	20/10/2025
Eligible Population	289,515	290794	290394
Doses given	627	36358	88803
Vaccine rate	0.22%	12.50%	30.58%

Rate	Eligible Population	22/09/2025	05/10/2025	20/10/2025
65+ pop	128297	0.0%	18.0%	48.5%
Care Home	4136	0.0%	9.3%	38.4%
child aged 2-3	9601	4.9%	17.2%	28.0%
Frontline Staff - ESR	10208	0.0%	4.5%	23.8%
Household contacts of IMMUNO	23928	0.1%	7.6%	20.8%
Immunosuppressed	14106	0.0%	15.5%	40.1%
Pregnant	2101	3.0%	19.0%	34.0%
Primary school age	38812	0.2%	8.3%	9.4%
Secondary School age	31939	0.3%	6.8%	7.9%
Under 65 at risk	129,732	0.1%	14.3%	37.9%

Vaccines Given Cumulative	Eligible Population	22/09/2025	05/10/2025	20/10/2025
65+ pop	128297	6	23112	62218
Care Home	4136	0	385	1588
child aged 2-3	9601	472	1650	2686
Frontline Staff - ESR	10208	5	457	2428
Household contacts of IMMUNO	23928	33	1822	4975
Immunosuppressed	14106	5	2187	5660
Pregnant	2101	64	400	714
Primary school age	38812	88	3213	3652
Secondary School age	31939	80	2187	2517
Under 65 at risk	129732	85	18507	49111



Latest Extract	Vaccinations (current season)	Population (current season)	Uptake (current season)	Uptake (last season)	National Target	STW Target
Age 65+	62218	128,297	48.50%	54.30%	82.30%	82%
Care Home Residents	1588	4,136	38.39%	45.60%		81%
Children 2-3	2686	9,601	27.98%	28.60%	51.40%	74%
Frontline Healthcare Worker (ESR)	2428	10,208	23.79%	39.90%	70.00%	76%
Household Contacts of Immunosuppressed	4975	23,928	20.79%	24.70%		50%
Immunosuppressed	5660	14,106	40.12%	34.20%		100%
Pregnant	714	2,101	33.98%	15.00%	37.90%	50%
Primary School Age Children	3652	38,812	9.41%	21.60%	57.20%	62%
Secondary School Age Children	2517	31,939	7.88%	15.90%	43.30%	60%
Under 65 at risk	49111	129,732	37.86%	39.90%	52.90%	90%

derived from
data

RSV

2526 RSV

Total COVID Vaccine Doses Administered						Latest Date		
31,057		+1,713		+1,206		2025-10-20		
Source: DPS		Submitted on latest day		Vaccinated on latest day		Latest date (based on date filters chosen) for which vaccination events are present		

Total LVS Vaccination Events			Total VC Vaccination Events			Total HH (including SAIS) Vaccination Events		
28,781	+1,713	+1,206	2,276	+0	+0	0	+0	+0
Source: DPS	Submitted on latest day	Vaccinated on latest day	Source: DPS	Submitted on latest day	Vaccinated on latest day	Source: DPS	Submitted on latest day	Vaccinated on latest day

Total LVS - PCN Vaccination Events			Total LVS - Pharmacy Vaccination Events			Total LVS - Military and Detained Estates Vaccination Events		
12,924	+886	+380	15,857	+827	+826	0	+0	+0
Source: DPS	Submitted on latest day	Vaccinated on latest day	Source: DPS	Submitted on latest day	Vaccinated on latest day	Source: DPS	Submitted on latest day	Vaccinated on latest day

Total	Current Eligible Population	Vaccinations received	Uptake
Catch-up Cohort Population	26694	18005	67.4%
Routine Cohort Population	5373	2190	40.8%
Maternity	1037	500	48.2%

TOTAL	33104	20695	62.5%
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Vaccines given since 1st September 25

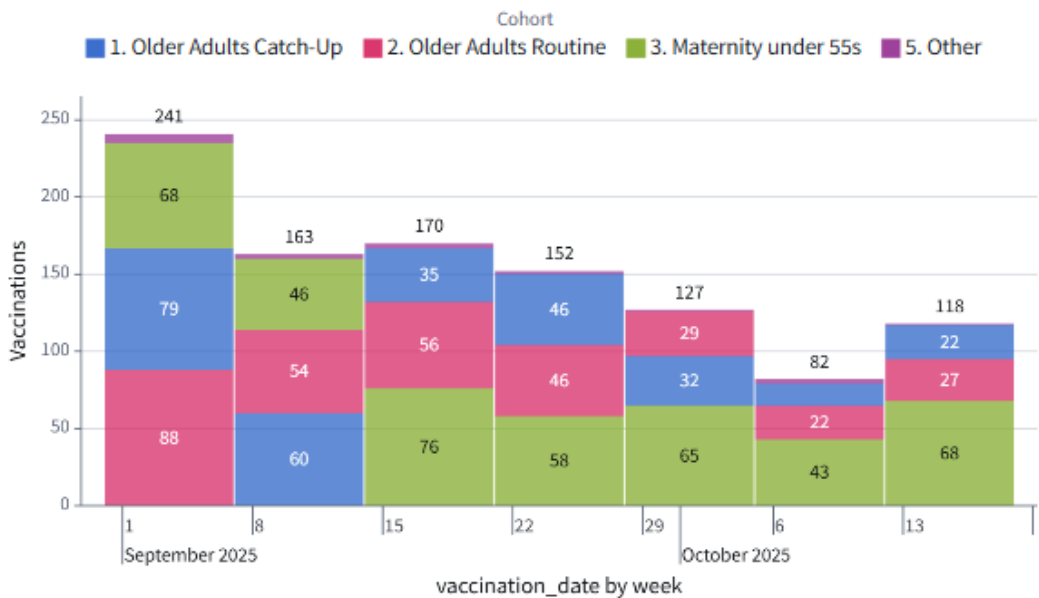
1053

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	01/09/2025	08/09/2025	15/09/2025	22/09/2025	29/09/2025	06/10/2025	13/10/2025
Vaccinations Received	241	163	170	152	127	82	118
Older Adults catch up	79	60	35	46	32	14	22
Older Adults Routine	88	54	56	46	29	22	27
Maternity U55	68	46	76	58	65	43	68
Other	6	3	3	2	1	3	1

All RSV Vaccinations by date and Cohort Chart

2 parameters



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Programme	Target Population	Current Uptake Levels (RAG)	Delivery mechanism	Who can promote and how? (Note: more detailed actions will be developed; timelines TBC but will be aligned with the 2025/26 Midlands Flu Vaccination Plan.)
Flu ~85k hospitalisations per year England	Parents of 2 & 3yo	TBC	GPs Possibly Health Visitors?	<u>Primary care</u> • Send invitations out to parents/carers of eligible children • Provide vaccination clinics/appointments • Utilise text message reminders where available • Utilise the NHS E GP toolkit to support delivery. • https://ukhsa.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/ <u>Nursery staff</u> • Written comms to parents • Posters • Website information • Discussions with parents <u>LA outreach</u> • MECC-style discussion with parents • Distributing written comms • Posters in key areas • Raising awareness in vulnerable populations • Signpost to additional support and information • Advise on where to get vaccination and how to access <u>LA Health Protection</u> • Social media, linking-in with own comms teams • Providing comms for parents to EYS and LA outreach including information about pharmacies that are providing 2 and 3 year vaccination. • Providing information to other professionals to use in discussions – key bullet-point facts on importance, safety and how to access • Organising additional clinics • Raising awareness in more vulnerable groups

				• <u>Secondary care</u> • Posters in key areas • Discussions with parents where/when appropriate <u>Health visitors</u> • Discussion with parents at 2-2.5-year development check and all other contacts. <u>Pharmacists</u> • Posters in pharmacies • Discussions with parents • Provision of vaccination clinics <u>Community leaders</u> • Dissemination of messaging, especially to low-uptake groups <u>Midwives of second-time parents</u> • Discussions with parents • Utilise NHSE maternity flu toolkit. <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for parents/carers of 2-3 year olds.
	Pregnant women		Maternity & Obstetrics GP	<u>Primary care</u> • Discussion with patients • Providing written/digital information about vaccinations • Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. • Utilise NHSE GP toolkit <u>Midwives and obstetricians</u> • Discussion with patients • Utilise NHSE maternity flu toolkit. • Providing written/digital information regarding vaccinations • Delivery of vaccines

				• Discussion by Health Visitor at antenatal contacts • Raising awareness in antenatal classes • Further targeting of eligible patients during antenatal clinic days. • Continue to send push notifications to patients through electronic maternity records (Badgernet) • Target and support certain communities where vaccination uptake is low. <u>LA outreach</u> • Raising awareness of vaccinations at each contact • Signpost to additional support and information • Advise on where to get vaccination and how to access • Posters in venues and key areas <u>LA Health Protection</u> • Raising awareness of vaccination with vulnerable groups • Social media communications targeted at pregnant women and wider population. <u>Midwives and Health Visitors of second-time parents</u> • Discussion at contacts regarding vaccinations • Utilise NHSE maternity flu toolit • Providing written/digital information about vaccinations. • Further targeting of eligible patients during antenatal clinic days. • Continue to send push notifications to patients through electronic maternity records (Badgernet) • Target and support certain communities where vaccination uptake is low. <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for pregnant women.
	Parent of primary school aged children		SAIS	<u>School leaders</u> • Written comms to parents • Posters • Website information

				• Discussions with parents • Liaison and cooperation with SAIS <u>SAIS</u> • Delivery of vaccinations • Promotion of vaccinations • Streamlining of consent process • Liaison and cooperation with schools • Scope potential for weekend community catch up clinic <u>School nurses</u> • Providing information to parents and pupils to raise awareness. <u>LA outreach</u> • Raise awareness of vaccinations at each contact. • Signpost to additional support and information • Advise on where to get vaccination and how to access • Posters in venues and key areas <u>LA Health Protection</u> • Communication to schools to be disseminated to parents and pupils • Social media comms for wider population • Raising awareness in more vulnerable groups • Ensuring information is cascaded to electively home educated children and their parents/carers <u>Primary care</u> • Discussion with patients • Providing written/digital information about vaccinations • Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. • Utilise NHSE GP toolkit <u>Secondary care</u> • Vaccine promotion through posters and discussions with relevant patients/relatives <u>Pharmacists</u>
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				• Posters in pharmacies • Discussions with parents <u>Community leaders</u> • Dissemination of messaging, especially to low-uptake groups <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for children and young people and their parents/carers
	Parents of secondary aged children		SAIS	<u>School leaders</u> • Written comms to parents • Posters • Website information • Discussions with parents • Liaison and cooperation with SAIS <u>SAIS</u> • Delivery of vaccinations • Promotion of vaccinations • Streamlining of consent process • Liaison and cooperation with schools • Utilising Gillick competence where possible <u>School nurses</u> • Providing information to parents and pupils to raise awareness. <u>LA outreach</u> • Raise awareness of vaccinations at each contact. • Signpost to additional information and support • Advise on vaccination centres and how to access • Posters in venues and key areas <u>LA Health Protection</u> • Communication to schools to be disseminated to parents and pupils

				• Social media comms for wider population • Raising awareness in more vulnerable groups • Ensuring information is cascaded to electively home educated children and their parents/carers <u>Primary care</u> • Discussion with patients • Providing written/digital information about vaccinations • Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. • Utilise NHSE GP toolkit <u>Secondary care</u> • Vaccine promotion through posters and discussions with relevant patients/relatives <u>Pharmacists</u> • Posters in pharmacies • Discussions with patients/parents • Provision of clinics? <u>Community leaders</u> • Dissemination of messaging <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for children and young people and their parents/carers.
	Parents of children in clinical risk groups aged 6 months to 18yo		GP SAIS	• As for parents of those age groups, but to include the work that relevant charities and patient groups can add, such as vaccine promotion to key groups through conversation, messaging and social media
	Those aged 65 years and over		GP Pharmacies	<u>Primary care</u> • Invite eligible individuals to book for vaccination including reminders. • Discussion with patients • Providing written/digital information about vaccinations

				• Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. • Utilise NHSE GP toolkit <u>Pharmacists</u> • Posters in pharmacies • Discussions with patients • Delivery of vaccinations <u>LA Health Protection</u> • Social media comms for wider population highlighting eligible groups for vaccination. • Raising awareness in more vulnerable groups • Publicise vaccination centres <u>LA outreach</u> • Raise awareness at each contact • Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>Secondary care</u> • Vaccine promotion through posters and discussions with relevant patients/relatives <u>Community leaders</u> • Dissemination of messaging <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for adults 5 and over.
	18-65yo in clinical risk groups		GP Pharmacies	<u>Primary Care</u> • Invite eligible individuals to book for vaccination including reminders. • Discussion with patients • Providing written/digital information about vaccinations

				• Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. • Utilise NHSE GP toolkit <u>Secondary Care</u> • Promotion of vaccine to patients under the care if relevant specialisms <u>LA Health Protection</u> • Communication to settings who have contact with potentially eligible individuals e.g. SPICC, day centres, LD groups, disability groups, domiciliary care etc. to be disseminated to individuals and carers. • Social media comms targeted, and for wider population • Raising awareness in more vulnerable groups <u>LA Outreach</u> • Raising awareness at every contact. • Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>Charities and patient groups</u> • Vaccine promotion to key groups through conversation, messaging and social media <u>Pharmacists</u> • Posters in pharmacies • Discussions with patients • Delivery of vaccinations <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for 18-65yo in clinical risk groups
	Residential care home residents		ShropCom GP	<u>Primary Care</u> • Where they are the provider, as for ShropCom below • Utilise NHSE GP toolkit

				<u>ShropCom</u> • Identify eligible individuals • Proactively contact care homes to book vaccination times • Vaccinate care home residents <u>LA Health Protection</u> • Disseminate communication to care homes regarding vaccination and eligibility. • Provide information to be disseminated to staff and visitors as appropriate • Social media communications to wider population. <u>LA Outreach</u> • Raising awareness at every contact. • Signpost to additional support and information • Posters in key areas and venues <u>LA ASC Quality</u> • Raise during quality visits • Assist in dissemination of promotional materials <u>Care Home Managers</u> • Promote vaccination among residents • Co-operate with the vaccination process, sorting consents, timing and venues/resources with and for the vaccination teams
	Carers		GP Pharmacies	<u>Primary care</u> • Invite eligible individuals to book for vaccination including reminders. • Discussion with patients • Providing written/digital information about vaccinations • Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. • Utilise NHSE GP toolkit <u>Pharmacies</u> • Posters in pharmacies • Discussions with patients • Delivery of vaccinations

				<u>LA Health Protection</u> • Disseminate information via SPICC for carers • Provide information to ASC to be disseminated to domiciliary care agencies and care home staff • Social media comms to wider population to raise awareness amongst hidden carers. <u>LA Outreach</u> • Raising awareness at every contact. • Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for carers.
	Close contacts of immunocompromised		GP Pharmacies	<u>Primary Care</u> • Identify individuals who may be immunocompromised and their carers/close contacts and provide information • Delivery of vaccines • Utilise NHSE GP toolkit <u>Secondary Care</u> • Promotion of vaccine to patients under the care of relevant specialisms <u>LA Health Protection</u> • Communication to settings who have contact with potentially eligible individuals e.g. SPICC, day centres, LD groups, disability groups, domiciliary care, support groups etc. to be disseminated to individuals and carers/close contacts. • Social media comms targeted and for wider population • Raising awareness in more vulnerable groups <u>LA Outreach</u> • Raise awareness at all contacts

				• Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>Charities and patient groups</u> • Vaccine promotion to key groups through conversation, messaging and social media <u>Pharmacies</u> • Posters in pharmacies • Discussions with patients • Delivery of vaccinations <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for close contacts of people who are immunocompromised.
	Frontline HSC workers		Employers GP Pharmacies	<u>SaTH</u> • Promotion and delivery of vaccines to staff <u>Primary care</u> • Delivery of vaccines to staff whose employer does not provide them • Utilise GP toolkit <u>Care home managers</u> • Promotion of vaccines to staff • Provision of vaccines via suitable providers <u>LA Health Protection</u> • Communication to settings who employ HSC staff in the community e.g. care homes, ALD settings, domiciliary care • Social media comms targeted and for wider population • Information provision and promotion of vaccine to in-house ASC staff <u>LA Outreach</u> • Signpost to additional support and information • Advise re vaccination centres and how to access.

				• Posters in key areas and venues <u>LA ASC Quality</u> • Communication to settings who employ HSC staff in the community e.g. care homes, ALD settings, domiciliary care • Social media comms targeted and for wider population • Information provision and promotion of vaccine to in-house ASC staff <u>Pharmacies</u> • Posters in pharmacies • Discussions with patients • Delivery of vaccinations to staff whose employer does not provide it <u>ICB Communications Team</u> • Develop communications strategy • Develop and disseminate to key stakeholders and venues, dedicated communication resources for frontline health and social care staff
COVID-19 <i>~80k hospitalisations per year England</i>	Those aged over 75		Primary care Pharmacies	<u>Primary care</u> • Discussion with patients • Providing written/digital information about vaccinations • Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. <u>Pharmacists</u> • Posters in pharmacies • Discussions with patients • Delivery of vaccinations <u>LA Health Protection</u> • Social media communications to wider population to raise awareness. • Raise awareness amongst vulnerable groups. • Disseminate information through settings that 75 plus may access e.g. day centres, ASC, domiciliary care, care homes, retirement homes and groups <u>LA outreach</u> • Raise awareness at each contact

				• Signpost to additional support and information • Advise re vaccination centres and how to access • Posters in key areas and venues <u>Secondary care</u> • Vaccine promotion through posters and discussions with relevant patients/relatives <u>Community leaders</u> • Dissemination of messaging
	Those aged 6 months to 74 years with a weakened immune system		Primary care Pharmacies	<u>Primary Care</u> • Invite eligible individuals to book for vaccination including reminders. • Discussion with patients • Providing written/digital information about vaccinations • Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. <u>Secondary Care</u> • Promotion of vaccine to patients under the care if relevant specialisms <u>LA Health Protection</u> • Social media communications to wider population to raise awareness. • Raise awareness amongst vulnerable groups. • Disseminate information through settings/agencies that may have contact with individuals with weakened immune systems e.g. support groups/forums, cancer groups, asthma groups <u>LA Outreach</u> • Raising awareness at every contact. • Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>Charities and patient groups</u> • Vaccine promotion to key groups through conversation, messaging and social media <u>Pharmacists</u>

				• Posters in pharmacies • Discussions with patients • Delivery of vaccinations
	Residents of old people's care home		Primary care ShropCom	<u>Primary Care</u> • Where they are the provider, as for ShropCom below <u>ShropCom</u> • Identify eligible individuals • Proactively contact care homes to book vaccination times • Vaccinate care home residents <u>LA Health Protection</u> • Disseminate communication to care homes regarding vaccination and eligibility. • Provide information to be disseminated to staff and visitors as appropriate • Social media communications to wider population. <u>LA Outreach</u> • Raising awareness at every contact. • Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>LA ASC Quality</u> • Raise during quality visits • Assist in dissemination of promotional materials <u>Care Home Managers</u> • Promote vaccination among residents • Co-operate with the vaccination process, sorting consents, timing and venues/resources with and for the vaccination teams
RSV ~?33k hospitalisations per year England	Pregnant women		Primary care Obstetrics	<u>Primary care</u> • Discussion with patients • Providing written/digital information about vaccinations • Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices.

				<u>Midwives, Health Visitors and obstetricians</u> • Discussion with patients • Providing written/digital information regarding vaccinations • Delivery of vaccines • Discussion by Health Visitor at antenatal contacts • Raising awareness in antenatal classes • Further targeting of eligible patients during antenatal clinic days. • Continue to send push notifications to patients through electronic maternity records (Badgernet) • Target and support certain communities where vaccination uptake is low. <u>LA outreach</u> • Raising awareness of vaccinations at each contact • Signpost to additional support and information • Advise on where to get vaccination and how to access • Posters in venues and key areas <u>LA Health Protection</u> • Raising awareness of vaccination with vulnerable groups • Social media communications targeted at pregnant women and wider population. <u>Midwives and Health Visitors of second-time parents</u> • Discussion at contacts regarding vaccinations • Providing written/digital information about vaccinations • Delivery of vaccines • Discussion by Health Visitor at antenatal contacts • Raising awareness in antenatal classes • Further targeting of eligible patients during antenatal clinic days. • Continue to send push notifications to patients through electronic maternity records (Badgernet) • Target and support certain communities where vaccination uptake is low.
	Those aged 75-79yo		Primary care	<u>Primary care</u> • Discussion with patients • Providing written/digital information about vaccinations

				• Delivery of vaccines • Explore potential for information to be displayed on screens in GP Practices. <u>Pharmacists</u> • Posters in pharmacies • Discussions with patients • Delivery of vaccinations <u>LA Health Protection</u> • Social media comms for wider population highlighting eligible groups for vaccination. • Raising awareness in more vulnerable groups, including residential care homes for older people • Publicise vaccination centres <u>LA outreach</u> • Raise awareness at each contact • Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>Secondary care</u> • Vaccine promotion through posters and discussions with relevant patients/relatives <u>Community leaders</u> • Dissemination of messaging <u>LA ASC Quality</u> • Raise during quality visits • Assist in dissemination of promotional materials <u>Care Home Managers</u> • Promote vaccination among residents • Co-operate with the vaccination process, sorting consents, timing and venues/resources with and for the vaccination teams
Pneumococcal	Parents of babies at 12 weeks		Primary care	<u>Nursery staff</u> • Written comms to parents

				• Posters • Website information • Discussions with parents <u>Primary care</u> • https://ukhsa.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/ • Invite eligible individuals to book for vaccination including reminders. • Discussions at all mandated contacts by public health nursing service <u>LA outreach</u> • MECC-style discussion with parents • Distributing written comms • Posters in key areas • Raising awareness in vulnerable populations • Signpost to additional support and information • Advise on where to get vaccination and how to access <u>LA Health Protection</u> • Social media, linking-in with own comms teams • Providing comms for parents to EYS and LA outreach • Providing information to other professionals to use in discussions – key bullet-point facts on importance, safety and how to access • Raising awareness in more vulnerable groups <u>Secondary care</u> • Posters in key areas • Discussions with parents where/when appropriate <u>Health visitors</u> • Discussion with parents at development checks and all other contacts • Provide written or digital information on vaccinations <u>Pharmacists</u> • Posters in pharmacies • Discussions with parents <u>Community leaders</u> • Dissemination of messaging, especially to low-uptake groups
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	Parents of babies at 1yo		Primary care	As for parents of babies at 12 weeks above
	Anyone at higher risk of getting seriously ill		Primary care	<u>Primary Care</u> - Invite eligible individuals to book for vaccination including reminders. - Discussion with patients - Providing written/digital information about vaccinations - Delivery of vaccines - Explore potential for information to be displayed on screens in GP Practices. <u>Secondary Care</u> - Promotion of vaccine to patients under the care if relevant specialisms <u>LA Health Protection</u> - Communication to settings who have contact with potentially eligible individuals e.g. SPICC, day centres, LD groups, disability groups, domiciliary care etc. to be disseminated to individuals and carers. - Social media comms targeted, and for wider population - Raising awareness in more vulnerable groups <u>LA Outreach</u> - Raising awareness at every contact - Signpost to additional support and information - Advise re vaccination centres and how to access. - Posters in key areas and venues <u>Charities and patient groups</u> - Vaccine promotion to key groups through conversation, messaging and social media <u>Pharmacists</u> - Posters in pharmacies - Discussions with patients
	Those aged 65 or over (single dose)		Primary care	<u>Primary care</u> - Discussion with patients - Providing written/digital information about vaccinations - Delivery of vaccines

				• Explore potential for information to be displayed on screens in GP Practices. <u>Pharmacists</u> • Posters in pharmacies • Discussions with patients <u>LA Health Protection</u> • Social media comms for wider population highlighting eligible groups for vaccination. • Raising awareness in more vulnerable groups • Publicise vaccination centres <u>LA Outreach</u> • Raise awareness at each contact • Signpost to additional support and information • Advise re vaccination centres and how to access. • Posters in key areas and venues <u>Care Home Managers</u> • Promote vaccination among residents • Co-operate with the vaccination process, sorting consents, timing and venues/resources with and for the vaccination team <u>Secondary care</u> • Vaccine promotion through posters and discussions with relevant patients/relatives <u>Community leaders</u> • Dissemination of messaging, especially to low-uptake groups
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In addition to the work detailed above on winter-specific immunisations across all age groups, promotional work will continue for childhood immunisations such as MMR, which will also have a positive effect on healthcare demand.

Timelines to be determined but will be aligned with the 2025/26 Midlands Flu Vaccination Plan.

Pop Up Clinics

Additional community clinics will be planned based on activity data, demand and feedback from community education sessions.

Expressions of interest have been requested from pharmacies and GP Practices who are willing and have the appropriate resources to support the delivery of these. This will require commissioning processes to be undertaken as this will be in addition to the normal contracted activity.

Background information

Flu

The free flu vaccine is available if you:

- are aged 65 or over
- have certain long-term health conditions*
- are pregnant
- live in a care home
- are the main carer for an older or disabled person, or receive a carer's allowance
- live with someone who has a weakened immune system
- frontline HSC worker through employer

**The flu vaccine is recommended for people with certain long-term health conditions, including:*

- *conditions that affect your breathing, such as asthma (needing a steroid inhaler or tablets), chronic obstructive pulmonary disease (COPD) or cystic fibrosis*
- *heart conditions, such as coronary heart disease or heart failure*
- *chronic kidney disease*
- *liver disease, such as cirrhosis or hepatitis*
- *some conditions that affect your brain or nerves, such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy*
- *diabetes or Addison's disease*
- *a weakened immune system due to a condition such as HIV or AIDS, or due to a treatment such as chemotherapy or steroid medicine*
- *problems with your spleen, such as sickle cell disease, or if you've had your spleen removed*
- *a learning disability*
- *being very overweight – a body mass index (BMI) of 40 or above*

<https://www.nhs.uk/vaccinations/flu-vaccine/>

COVID-19

The free COVID-19 vaccine is available if you:

- are aged 75 or over (including those who will be 75 by 17 June 2025)
- are aged 6 months to 74 years and have a weakened immune system because of a health condition or treatment*
- live in a care home for older adults
- potentially HSC workers (decided close to the time)

**You may be eligible for a COVID-19 vaccine if you have a weakened immune system because of a health condition or treatment. This can include if you:*

- *have or had blood cancer, such as leukaemia, lymphoma or myeloma*
- *have had an organ transplant, bone marrow transplant or stem cell transplant*
- *have HIV*
- *have a genetic disorder that affects your immune system, such as severe combined immunodeficiency (SCID)*
- *are having or recently had chemotherapy, biological therapy or radiotherapy*
- *are taking steroid medicine (depending on the dose)*
- *are having long term immunosuppressive treatment for a condition such as lupus, rheumatoid arthritis, inflammatory bowel disease (IBD), scleroderma or psoriasis*

<https://www.nhs.uk/vaccinations/covid-19-vaccine/>

RSV

The RSV vaccine is available if:

- you're pregnant – the vaccine is recommended during every pregnancy (from 28 weeks onwards) to help protect your baby after they're born
- you're aged 75 to 79

<https://www.nhs.uk/vaccinations/rsv-vaccine/>

Pneumococcal

The following groups should have the pneumococcal vaccine:

- babies at 12 weeks and booster at 1 year
- aged 65 and over – 1 dose (not annual)
- children and adults at higher risk of getting seriously ill – 1 dose*

**You're at higher risk of getting seriously ill from pneumococcal infections if you have:*

- *sickle cell disease, coeliac disease, problems with your spleen or you've had your spleen removed*
- *a long-term condition that affects your breathing such as chronic obstructive pulmonary disease (COPD) or cystic fibrosis*
- *a long-term condition that affects your heart such as coronary heart disease or heart failure*
- *chronic kidney disease*
- *a long-term condition that affects your liver such as cirrhosis*
- *diabetes*
- *a weakened immune system due to a condition such as HIV, or a treatment such as steroid medicine or chemotherapy*
- *a condition where fluid that protects the brain and spinal cord leaks out (cerebrospinal fluid leaks)*
- *cochlear implants*

<https://www.nhs.uk/vaccinations/pneumococcal-vaccine/>

ENGLAND: Provisional seasonal influenza monthly vaccine uptake data for GP patients, comparing previous seasons



	2024/25	2023/24	2022/23	2021/22	2020/21	Pre-pandemic seasons	
						2019/20	2018/19
65 years and over	74.9%	77.8%	79.9%	82.3%	80.9%	72.4%	72.0%
Patients aged 6 months to under 65 years in risk groups (excluding pregnant women without other risk factors)	40.0%	41.4%	49.1%	52.9%	53.0%	44.9%	48.0%
Pregnant women (including those in risk groups)	35.0%	32.1%	35.0%	37.9%	43.6%	43.7%	45.2%
All patients aged 2 years old (including those in risk groups)	41.7%	44.1%	42.3%	48.7%	55.3%	43.4%	43.8%
All patients aged 3 years old (including those in risk groups)	43.5%	44.6%	45.1%	51.4%	58.0%	44.2%	45.9%

- Fall in uptake for 65+, <65AR and 2/3-year-olds, since 2020/21
- Uptake in pregnant women low but increased compared to previous year

Flu uptake by ethnicity – up to end of Feb 25 (IMMFORM)

Ethnicity	Midlands <65 AR (%)
White - British	43.7
White - Irish	40.3
Bangladeshi	38.4
Indian	36.5
Ethnicity not stated	29.7
Black African	28.6
White - Other	25.3
Pakistani	22.4
Black Caribbean	22.0

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**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

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STW Vaccination Communications and Engagement Plan

August 2025



Ambition



Compassion



Optimism



Focus

DRAFT

Partnership working across STW

- Ensuring a joined-up approach will enhance achievement of our objectives and enable a cost-effective campaign
- System website with high-level vaccination information for public to access:
[Vaccinations - NHS Shropshire, Telford and Wrekin](#)

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All resources for vaccination hosted on a STW ICB website: [[Campaign toolkits - NHS Shropshire, Telford and Wrekin](#)]

- Plans and updates will be discussed through the following forums:
 - STW Communications and Engagement Group – fortnightly
 - Comms attendance at STW Vaccination Group
 - Comms attendance at UEC Delivery Group
 - Health and Wellbeing Boards and SHiPP/TWiPP



Strategic focus – Think Vaccination

Purpose of the campaign

To support local residents to make informed decisions about vaccination by providing clear, consistent and accessible information, reinforcing confidence, and signposting to services at the point of need.

How this fits under the *Think* campaign umbrella

- *Think Vaccination* is a core pillar of the wider *Think* campaign, alongside Think Which Service, Think Twice Order Right, Think Pharmacy First, Think NHS 111, Think NHS app/digital
- It aligns with system priorities to protect population health, reduce unwarranted variation, and support people to access the right service at the right time.

Strategic focus areas:

- **Maximise uptake of seasonal vaccinations** (flu, Covid booster, MMR etc)
- **Maintain and build public confidence** in the safety and importance of vaccines
- **Promote convenience and accessibility** – vaccination as simple, quick and local
- **Address barriers to uptake** through targeted communications and engagement
- **Improve reach and impact** by engaging diverse communities, including those harder to access
- **Utilise NHS England resources** to reinforce and amplify local communications
- **Align vaccination messaging** with wider system campaigns (Think Which Service, Pharmacy First, NHS App) to ensure consistency and joined-up communications
- **Use of data to target resources** to greatest areas of need and impact taking an evidence based approach

Why this matters

Clear, trusted communications and engagement will help increase vaccination uptake, reduce health inequalities, and ease system pressures ahead of winter.

Objectives

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- **For Winter 2025 Boost uptake of flu and Covid-19 boosters** in priority cohorts (routine cohorts and front-line workers).
 - Target: Achieve a **minimum uptake %* see table on slide 5** compared to 2024/25 uptake levels.
 - KPI: Uptake data from system vaccination dashboard.
- **For Winter 2025 Improve uptake of Respiratory Syncytial Virus (RSV) vaccination programme (catch up cohort and routine cohort)**
 - Target: Achieve a **minimum uptake %* see table on slide 5** compared to 2024/25 uptake levels .
 - KPI: Uptake data from system vaccination dashboard.
- **Improve uptake of childhood immunisations (MMR, HPV, nasal flu). This will be an ongoing focus**
 - Target: Achieve a **2% reduction** in “decline” responses (e.g., “not required as child already immune”) compared to 2024/25.
 - KPI: School Aged Immunisation Service data; parent feedback.

Hold community outreach and engagement events to build trust and address barriers.

- Target: Deliver **10 engagement activities** (schools, community hubs, faith settings, pop-ups) across STW.
- KPI: Number of events held; qualitative feedback captured.
- **Utilise NHS England vaccination campaign assets** to strengthen local messaging.
 - Target: Deploy **all nationally available NHS England resources** across system channels during campaign peaks.
 - KPI: Tracking of asset use across digital, print, and community comms.
- **Increase visits to local vaccination webpages**
 - Target: Achieve **5,000+ page views** on STW vaccination webpages during the campaign period.
 - KPI: Page views tracked via Google Analytics.
- **Promote vaccination as preventative healthcare** and align with wider Think campaign.
 - Target: Embed vaccination messages in **all system winter comms**, ensuring alignment with Think Which Service, Think Pharmacy First, Think NHS App etc
 - KPI: Audit of comms materials and campaign consistency across channels.



NHS E Winter 25 Minimum Ambition

Programme	Cohort	Metric Description	Minimum ICB Ambition	Estimated Vaccinations to achieve ambition
RSV	Catch up cohort	70% uptake on the RSV catch up cohort (aged 75-79) during 25/26 season (by 31st March)	73.63%	30,227
RSV	Routine Cohort	60% uptake on the routine cohort during 25/26 season (by 31st March)	66.95%	5,176
Flu	Flu uptake for 65+	Maintain Flu Uptake for 65+ cohort	76.89%	149,854
Flu	2-3 yo Flu	Increase uptake in 2–3-year-old flu cohort	50.98%	11,097
Flu	Primary School Children	Increase uptake in Primary School Children	55.04%	47,251
Flu	Secondary School Children	Increase uptake in Secondary School Children	42.77%	29,244
Flu	Those aged under 65 years in a clinical at-risk group	Increase uptake in under 65 Clinical Risk Cohort	48.31%	59,208
Flu	Frontline Healthcare Workers	Increase uptake in Frontline Healthcare Workers	42.14%	7,138
Covid	Care Home Cohort	Maintain uptake in Care Home Cohort	65.14%	3,933
Covid	75+ Cohort	Maintain uptake 75+ Cohort	59.73%	57,598
Covid	IS Cohort	Maintain uptake in IS Cohort	24.19%	5,765



Flu Vaccination

The following groups are eligible to receive a flu vaccination as per JCVI guidance:

From 1 September 2025:

- pregnant women
- children aged 2 or 3 years on 31 August 2025
- primary and secondary school aged children (from Reception to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years

From 1 October 2025:

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza chapter 19 e.g. chronic respiratory disease, cardiac disease, diabetes, immunosuppressed)
- those in long-stay residential care homes
- carers
- frontline health and social care workers

Programme Delivery:

- Flu vaccination delivery runs until **31 March 2026**.
- Delivered through **GP practices, community pharmacies and hospital trusts**. All GP practices in Shropshire, Telford and Wrekin are signed up to offer flu vaccinations.
- The **School Aged Immunisation Service (SAIS)**, commissioned by ShropCom, delivers the schools vaccination programme across STW.
- Focus on equitable access, targeting rural areas, hard to reach groups and areas of low uptake



STW Flu Vaccination – Comms and engagement

STW has a total eligible cohort of **381,411**. Between **1 September 2024 and 31 March 2025**, 273,953 (71.83%) flu vaccinations were administered.

Campaign approach:

- **Communications and engagement activity** is aligned with the wider Think Vaccination campaign, ensuring consistent messaging across the system.
- Also use national messaging and materials

Activity includes:

- **Digital and print campaigns** hosted on the STW ICB website, supported by NHS England resources where appropriate, to reinforce trusted national messaging at a local level.
- **Localised community outreach** in rural areas and towns, making use of pop-up clinics and mobile provision.
- **Targeted engagement** with trusted community leaders and voluntary sector partners to reach harder-to-access groups.
- **School engagement and family support**, including translated resources, parental reminders, and myth-busting information to support informed decision-making.
- **Two-way feedback loops**, gathering insights through community conversations and engagement events, feeding back into live campaign.
- **Use national campaign materials**, FAQs, leaflets, videos, social media assets were appropriate
- **Budget** allocated for targeted paid social media, OOH advertising mapped to low uptake areas and community outreach.

Strategic aim:

- Improve flu vaccination uptake to minimum targeted uptake across all eligible cohorts.
- Support residents to make **informed vaccination decisions**
- Reduce inequalities and protect communities ahead of winter pressures

Covid-19 vaccination – Eligibility and Delivery

JCVI Recommended Eligible Groups:

- Residents in care homes for older adults
- All adults aged 75 years and over
- Persons aged 6 months to 74 years in a clinical risk group

Programme Delivery:

- Tuesday 1st October 2025 and end on 31st January 2026.
- Appointments via: NHS app, NHS website and local walk in sites
- Delivered by ShropCom with oversight from public health and NHSE
- Focus on health inequalities, low uptake, rural access, and mobile/pop-up provision



Covid-19 Vaccination - Communications and Engagement

Campaign Approach:

- System-wide promotion aligned with Think campaign and national messaging
- Hyper-local engagement targeting communities by geography and demographics

Activities:

- Community outreach events & pop-ups
- Multilingual and accessible communications
- Collaboration with trusted community leaders & voluntary sector partners
- Messaging via schools, local media, digital channels, GP communications
- Continuous monitoring of uptake with targeted interventions

Current Progress & Target:

- Vaccinations since 3 Oct 2024: 98,712 (AW24) and 44936 (SP25)
- Coverage target: 59.73% of 75+ and 65.14 of care homes eligible population

Strategic Aim:

- Support informed decisions
- Maximise uptake, reduce inequalities, and protect communities



RSV vaccination – eligibility & delivery

JCVI Eligible Groups:

- Older adults: Adults turning 75 on or after September 1, 2025 (eligible until day before 80th birthday)
- Pregnant women: 28+ weeks gestation (all year round)

Programme Delivery:

- Delivered through GP practices and maternity services, and new this year community pharmacy
- Focus on timely access ahead of winter
- Daily data monitoring to identify low-uptake practices

Programme Focus:

- Address barriers through practice insights
- Target practices below STW average uptake
- Early engagement to ensure all eligible cohorts offered vaccination



RSV Vaccination – Communication & Engagement

Campaign Approach:

- Part of wider Think Vaccination campaign
- Two-tiered: system-level and hyper-local engagement based on uptake data

Activities:

- **Community engagement:** voluntary groups, schools (for pregnant women), targeted events
- **Digital/social media campaigns:** news stories, clinician videos, hyper-local promotion
- **Targeted maternity services / practice communications** to address low uptake
- **Data-informed planning** led with insights

Current Progress & Aim:

Vaccinations since 1 Sept 2024:

- Older adults 75–79: 62,000 TARGET: 74%
- Pregnant women: 5,000 TARGET: 67%
- **Aim:**
 - Maximise uptake; meet national targets

Strategic Aim:

- Support informed decisions
- Maximise coverage in older adults and pregnant women
- Reduce inequalities and ensure timely delivery



Childhood vaccinations (MMR) – Eligibility & Delivery

JCVI Recommended Eligible Groups:

- Children aged 12 months for first dose MMR
- Children aged 3 years 4 months for second dose MMR
- Children in clinical risk groups as defined in the UKHSA Green Book

Programme Delivery:

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- Delivered through GP practices, with catch-up sessions coordinated in schools by the School Aged Immunisation Service (SAIS)
- Visits coordinated with schools from Reception to Year 11 for children who missed earlier doses
- Targeted delivery to hard-to-reach communities and areas with historically lower uptake

Programme Focus:

- Reduce missed vaccinations and improve coverage rates
- Ensure equitable access across urban and rural areas
- Provide timely information to parents and carers to support informed decision-making

NHS

Measles can make your child seriously unwell



Make sure your child is up to date with their MMR vaccinations.



NHS 12

Childhood vaccinations (MMR) – Communications and Engagement

Campaign Approach:

- Part of the wider Think Vaccination campaign, ensuring consistent messaging across STW
- Two-tiered approach: system-level promotion and hyper-local engagement to address low uptake areas

Engagement Activities:

- **School engagement:** letters, reminders, and info packs to parents
- **Targeted communications** to communities with lower uptake, including translated resources
- **Collaboration** with local leaders, voluntary sector, and community champions
- **Digital and social media campaigns** highlighting the importance of MMR
- Myth-busting and FAQ materials for parents and carers
- Two-way feedback loops from schools, families, and community events to inform ongoing communications

Current Progress & Aim:

- Coverage data from SAIS and GP practices monitored in real-time
- Aim: Maximise MMR uptake and reduce the number of children with incomplete immunisations

Strategic Aim:

- Protect children against measles, mumps, and rubella
- Reduce health inequalities and improve community-level protection
- Support families to make informed vaccination decisions



Vaccination Messaging Summary by Cohort

Cohort	Vaccines & Key Messages	Additional Notes / Social Messaging
Over 75s	- COVID-19 + Flu: Book winter vaccinations now. - Free vaccines reduce risk of serious illness. - Vaccines cannot give you the virus — millions have had them safely.	- Book now to stay well. - Family message: Encourage loved ones to get both vaccines.
Over 65s	- Flu: Book when your GP contacts you. - Flu can be serious — increases in hospitalisations and deaths. - Annual vaccine gives protection. - Pneumococcal: Single-dose vaccine to prevent pneumonia and related illnesses.	- Look out for GP messages. - Pneumococcal usually offered once — check if already received.
Immunosuppressed	- COVID-19 + Flu: Vital protection if you have a weakened immune system. - Relevant conditions: blood cancers, transplants, immune disorders, chemotherapy, HIV, autoimmune diseases. - Pneumococcal: Strongly recommended — helps prevent life-threatening pneumonia.	- Emphasise higher risk and need for seasonal protection.

Protect yourself
Protect them
Get vaccinated

NHS

Why get vaccinated?

“ Vaccines are the safest way to get protected. They undergo rigorous safety testing before being introduced and they're also constantly monitored for side effects. ”

Visit nhs.uk and search 'Why vaccination is important' for more information

Protect yourself
Protect them
Get vaccinated

NHS

Why get vaccinated?

“ Vaccines prevent millions of deaths worldwide every year. ”

Name, title

Visit nhs.uk and search 'Why vaccination is important' for more information

Vaccination Messaging Summary by Cohort cont/...

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Cohort	Vaccination and Key Messages	Additional note
Pregnant People	- Flu, Whooping Cough, RSV: Protect yourself and your baby this winter. - Vaccines are safe at any stage of pregnancy. - MMR: Ensure immunity pre-pregnancy — not given during pregnancy.	- Book via midwife or GP. - Missed vaccines can often be given postpartum.
Children (Parents of)	- Flu (age 2+): Free nasal spray — protects against serious illness. - MMR: 2 doses — at 1 year and 3y 4m — protects against measles, mumps, rubella. - HPV (12–13 years): Prevents HPV-related cancers. - Pneumococcal (infants): Given as part of routine schedule.	- Look for invites via nursery, school or GP. - MMR uptake is falling — reassure parents about safety. - HPV and flu offered at school or catch-up clinics.
Teens / Young Adults	- HPV: Given at school from age 12 — prevents several cancers. - MMR: Catch-up for those who missed childhood doses. - MenACWY: Given in late teens — protects against meningitis and septicaemia.	- Promote via schools and colleges. - HPV now offered to all genders.
Healthcare Staff, Carers & Social Care Workers	- COVID-19 + Flu: Priority vaccination each winter. - Employers may run staff campaigns. - MMR: Ensure full coverage for patient-facing roles. - Hepatitis B may be required for clinical staff. - Pneumococcal: Based on age or risk group.	- Promote protection of self and patients. - Use national and employer resources to reinforce uptake.



**Integrated
Care System**
Shropshire, Telford and Wrekin



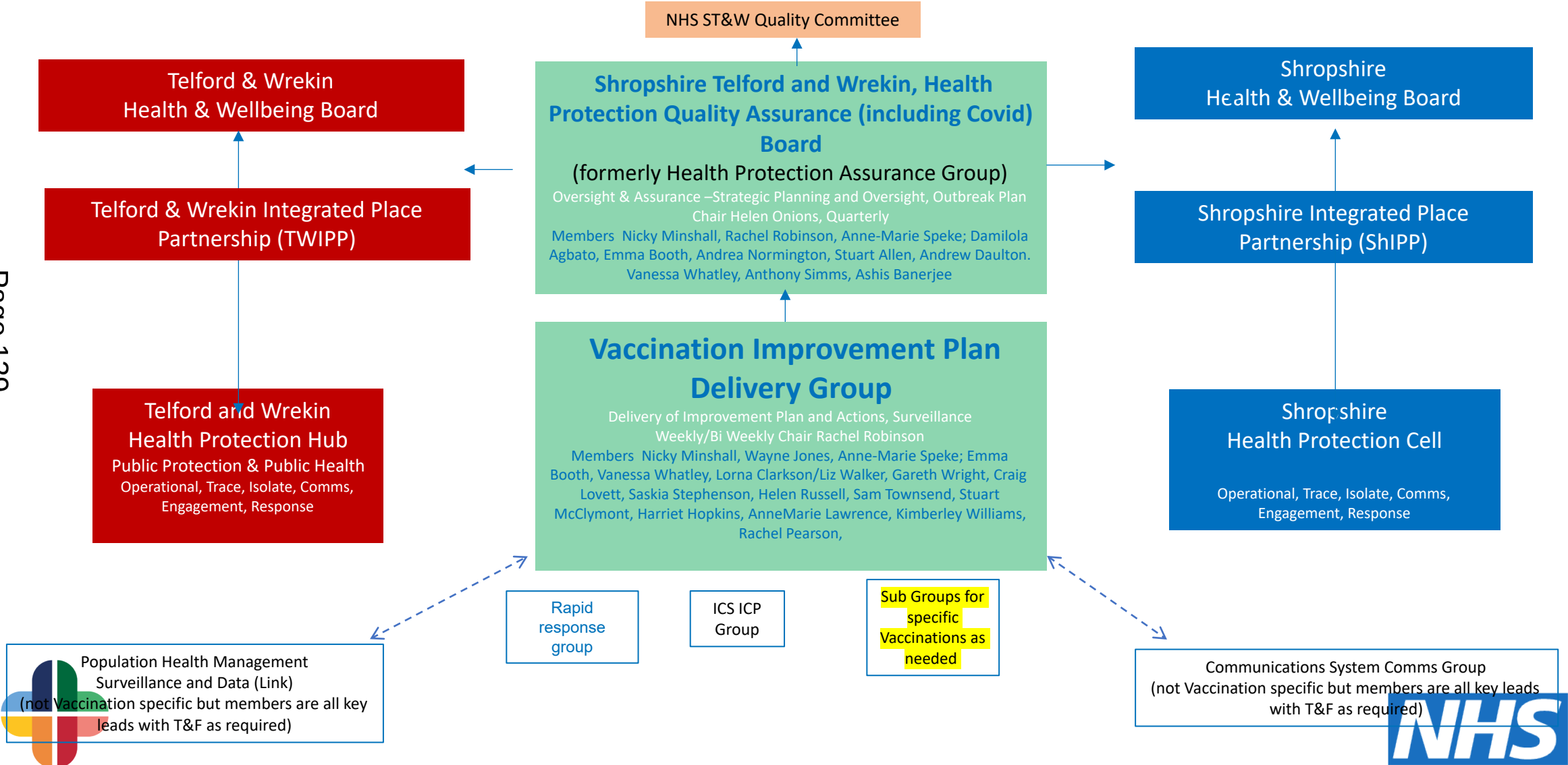
**Shropshire, Telford
and Wrekin**

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Thank you

Shropshire, Telford & Wrekin Vaccination Improvement Plan: Governance & Reporting

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SHROPSHIRE HEALTH AND WELLBEING BOARD				
Report				
Meeting Date	20 th November 2025			
Title of report	ICB Update			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x Information only (No recommendations)
Reporting Officer & email	nigel.lee1@nhs.net Nigel Lee, Chief Strategy Officer NHS STW/ Director of Strategy and Partnerships SATH			
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	
	Workforce		Reduce inequalities (see below)	x
What inequalities does this report address?				
1. Executive Summary Appendix A outlines updates for the NHS STW system, including the organisations below: • Shrewsbury and Telford Hospital Trust (SaTH) • Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) • Midlands Partnership University Foundation Trust (MPFT) • Primary Care (General Practice, Pharmacy, Optometry and Dental) • Shropshire Community Health Trust (Shropcom) • NHS Shropshire, Telford and Wrekin (ICB) • NHS STW – Digital Strategy • National Neighbourhood Health Implementation Programme (NNHIP)				
2. Recommendations To note the contents of Appendix A. NHS STW Monthly Stakeholder Briefing October 2025				
3. Report Please see appendix A				
Risk assessment and opportunities appraisal	N/A			
Financial implications	N/A			
Climate Change Appraisal as applicable	N/A			
Where else has the paper been presented?	System Partnership Boards			
	Voluntary Sector			
	Other			
List of Background Papers – N/A				

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Simon Whitehouse, CEO, NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent

Appendices

Appendix A. NHS STW Monthly Stakeholder Briefing October 2025



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Monthly Stakeholder Briefing Pack

October 2025

Topic	Page
Shrewsbury and Telford Hospital Trust (SaTH)	3
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NHS STW – Digital Strategy	9
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Current Activity/Key Actions

Performance:

- Diagnostics: DM01 for September - 85.33% of patients waiting less than six weeks (national target 99%), best performance for five years and in top performing half of the country.
- Elective care – reduced overall elective waiting list by 30% in the last year (national target is to reduce, no specific percentage set):
 - Reduced no. of patients waiting 52 weeks of total waiting list by over 95% in the last year, and now in top performing half of the country. National target 1% waiting more than 52 weeks - now below that at 0.3%.
 - Reduced overall elective waiting list for children and young people by over 40%, and almost eradicated waits of over 40 weeks.
 - 18-week Referral To Treatment (RTT) performance up to 58.9% in August, highest performance for four years, and lifted out of the bottom quartile nationally. National target 65%, local target 60%.
 - 28-day cancer Faster Diagnosis Standard improved further in August to 75.9%. National and local target 80%.
 - Improved 62-day cancer RTT standard in August at 66.8%, best month of performance for over three years and lifted out of the bottom quartile nationally. National target 75%, local target 70%.
- Urgent and Emergency Care (UEC) –statistically significant improvement in 4hr Emergency Access Standard performance, but with more to do. Investment in increasing number of inpatient beds and assessment spaces at both hospitals.

Finance:

- Deficit of £1.3m to breakeven plan at the end of month 6 (September) predominantly driven by premium staffing costs and unavailability with additional actions being taken.
- £18.3m efficiencies delivered by September 2025. This is compared with £10.9m in September 2024.

Hospital Transformation Programme (HTP):

- Transforming PRH Hub now open to raise awareness of investment at PRH including Lingen Davies Chemotherapy Centre, Urology Diagnostics and Respiratory Treatment Centre.

Flu Vaccination Campaign:

- More than 1,979 staff vaccinated to date - more than 25% up on last year.

Urgent and Emergency Care (UEC)

Investment in preparing for winter and beyond with a focus on improving the UEC pathway, helping our patients to be seen more quickly.

The Stronger Together improvements will reduce waits in Emergency Departments and support shorter stays on acute and frailty wards.

Royal Shrewsbury Hospital:

- 56 additional acute inpatient beds.
- Two new modular wards to include: Eight additional colorectal beds; 10 additional gastro beds; 20 new general medical beds and 18 planned winter flex beds.
- Reconfiguration of the Acute Medical Floor.

Princess Royal Hospital, Telford:

- 40 additional beds and assessment spaces.
- Medical escalation ward will move to Ward 36 – creating nine additional general medicine beds.
- Acute Medical Area (AMA) relocated to the current medical escalation footprint increasing it from four to 17 spaces.
- Acute Medical Same Day Emergency Care (SDEC) capacity increased from three to seven assessment spaces.
- Apley Ward: Acute Medical Unit (AMU) – eight additional side rooms.
- New Frailty SDEC Unit.

Partners:

- Expanding Care Transfer Hub to 8am-8pm, 7 days a week; Integrated Front Door Team to support the Emergency Departments; expanding urgent community response to midnight 7 days a week and new out of hours GP provider HealthHero.

Hot Topics/Current Activity

Waiting times:

- At the end of September, 52.72% of patients were being seen within 18 weeks. This is well ahead of our planned position (which was 47.49% for the end of September).
- Just a few months ago, we had the worst Referral to Treatment (RTT) performance in the country. Now we are moving up rapidly and on target to achieve or exceed the 60% target for the financial year end.
- Over the last four months, the proportion of patients waiting for a first outpatient appointment <18 weeks has improved from 52.9% to 69%.
- RJAH remains in Tier 1 for elective performance, with specific challenges in some key services – most notably the wait for spinal disorder treatment.

People/Workforce:

- Vacancy rates fell below our 8% target in September, and are projected to fall further in coming months, based on recruitment to new posts as per our workforce plan.
- Sickness absence remains low at 4.91%.

Service news:

- As we move into autumn, we are seeing a significant increase in respiratory illnesses – locally, regionally and nationally. As a result, we have re-introduced a requirement for staff and patients to wear a surgical face mask in any situation where a 1-metre distance cannot be maintained.
- It is important that we take necessary measures to prevent the transmission of respiratory viruses so that we can keep ourselves and patients well during the winter period.

Other Key Developments

Headley Court moving to RJAH:

- The Headley Court Charity, a national charity supporting the needs of Armed Forces veterans, has relocated to RJAH.
- It will now be based out of the Headley Court Veterans' Orthopaedic Centre that bears its name.
- The charity previously gave a £6 million grant to build that centre and is now supporting the pilot of a veterans' rehabilitation programme.

Closure of Afghan Camp at Nesscliffe:

- RJAH led on the healthcare arrangements for the Afghan civilians based at Nesscliffe as part of Operation Lazurite.
- The camp recently closed after two years, and we celebrated a successful partnership programme that saw more than 1,500 Afghans successfully integrated.

'Oswestry Model' of Palliative Care:

- A pioneering model of palliative care developed to support adults with neuromuscular conditions such as Duchenne Muscular Dystrophy (DMD) is getting wider recognition.
- The Oswestry Model was developed here at RJAH and in partnership with Severn Hospice.
- It uses a traffic light system to help neuromuscular teams identify key stages in a patient's journey in which hospice involvement would improve their quality of life.

Current Activity

Reducing Health Inequalities:

- MPFT has partnered with Energize STW, Shropshire Council, Telford & Wrekin Council and Telford Mind to offer people with severe mental illness free physical activity sessions promoting physical health and mental wellbeing. It supports the NHS 10 Year Plan's shift to move care from hospital to community, and activities include football, gentle exercise, and multi-sports.

Perinatal/Maternal Mental Health:

- Access rates into MPFT's Shropshire Community Perinatal Mental Health Team (PMHT)/Lighthouse Maternal Mental Health Service are currently the second highest in the country. In T&W, the services are jointly reaching 15.5% of the birthing population (compared to the national target of 10%). In Shropshire, the figure is 13.8%. PMHT provides specialist assessment and support to women experiencing moderate to severe mental health difficulties in the perinatal period, and those at risk of developing mental health difficulties in the perinatal period from the age of 16, including pre-conception advice. Lighthouse supports people whose mental health has been significantly impacted by maternity related trauma, loss, or profound fear of pregnancy and/or childbirth.

Talking Therapies:

- STW Talking Therapies, which supports people aged 16+ with anxiety, depression and PTSD, are among the best performing in the country for the % of patients seeing a significant improvement in their symptoms of anxiety and depression. The service's 'reliable improvement' rate for 2025/26 is 74.9%, above the national average of 68% and currently sixth best in the country. The number of people to have completed a course of treatment has increased from 2,890 from Apr-Sep 2024 compared to 3,447 in the same period this year. The number of referrals has also increased for the same period, up from 5,810 in 2024 to 6,772 for this year.

Early Intervention Team:

- The Early Intervention Team (EIT) is the only EIT nationally to have been accredited as a gold-standard service by the Royal College of Psychiatrists and has also achieved 'Top Performing' status against national benchmarks through the College's National Clinical Audit of Psychosis for the past two years. The service supports individuals aged 14-65 experiencing a first episode of psychosis, with a strong emphasis on additional support for families/carers.

Next Steps

Eating Disorders Pilot:

- A new integrated model of care is being developed by MPFT on a two-year pilot basis to enhance community support for young people with an eating disorder. Eating Disorders Intensive Support at Home (ED-ISH) provides intensive home treatment and support to young people at risk of an inpatient admission by increasing the level of support, especially around mealtimes, to enable them to remain at home. ED-ISH also works with existing inpatients to facilitate earlier discharge and reduce the length of stay through this intensive home treatment offer of support.

Mental Health Text Messaging Service:

- The new all-age mental health text messaging (SMS) service is due to launch in STW at the start of December, enabling people to access mental health support when they need it, in a way that is most comfortable for them.
- It will particularly support people who are deaf, experience hearing loss, are speech impaired, or find talking on the phone difficult.

Current Activity

Access and Benchmarking:

- 54% of STW appointments delivered in 0–1 days (England average: 52%)
- 79% within 14 days (England average: 76%).
- Work underway to map variation in access across Primary Care Networks (PCNs) using NHSE access dashboard data.
- From 1 October 2025, all practices are required to provide three routes of access (telephone, online and in-person) between 8am–6:30pm.
- NHS STW is working with practices to review current models and support full compliance with the new GP contract requirements.

STW Appointment Growth, Demand and Capacity:

- August–September 2025: sustained appointment volumes above 250,000 per month.
- Continued increase in digital and telephone consultations, particularly for same-day access.
- High demand sustained through early autumn, with ‘at capacity’ alerts continuing across urban PCNs.
- Escalation protocols activated in four practices due to workforce gaps and increased patient contacts.

Digital Resilience:

- Contingency and downtime planning template piloted with six early-adopter practices. Feedback informing development of final ICB-wide resilience plan.
- Patient experience - online registration at 63% of target. On track for 65% NHSE threshold by end of Q2.

Optometry First:

- Full rollout achieved across all 10 PCNs. Early data shows a reduction in GP minor eye condition appointments.

Community Pharmacy:

- Cardiovascular disease pilot in Oswestry now expanded to South Shropshire.
- Initial outcomes show improved hypertension management and patient satisfaction.

Next Steps

Practice Level Support (PLS):

- Early evaluation of 6 practice pilot sites scheduled for November.
- Focus on data trends, resilience indicators, and shared learning outputs.
- Planning for wave 2 of practices from January 2026.

Workforce Plan:

- Continued ARRS recruitment for care coordinators and pharmacists.
- Locum hub utilisation being reviewed to inform winter staffing strategy.
- Regional retention forum scheduled for November to review portfolio career pathways.

Digital Resilience Plan:

- Draft ICB framework in consultation phase with practices and system partners.
- Testing of new backup infrastructure in two pilot sites.
- Cyber awareness sessions scheduled for practice managers.

Optometry First:

- Launch of paediatric service remains on track for November 2025.
- Patient education materials finalised for system-wide distribution.

Community Pharmacy:

- Evaluation of cardiovascular pilot outcomes due in December.
- Exploring potential alignment with NHS Health Check digital pathway.

Current Activity

Performance:

- Current 18-week Referral to Treatment (RTT) is 65% ahead of the national trajectory. Therefore, a revised trajectory has been produced internally to 18 weeks by end of Q1 2026.
- This is the twelfth consecutive month demonstrating improvement across the 52-week RTT cohort. 0-65 weeks remains consistent.

Finance:

We have delivered a year-to-date surplus of £0.9m at month six, which is £0.1m favourable to plan. Efficiency and productivity delivery are exceeding planned levels at this point of the year. Our forecast remains at £2m surplus, in line with our plan.

- ShropCom has an overall national NHS Oversight Framework rating of 2 (above average) and is ranked 17 out of 61 similar organisations.
- We have an oversight rating of 1 (high performing) for both finance and productivity.

Flu Vaccinations:

- 16.1% of colleagues have received their flu vaccination to date.

Staff Survey:

- 17.2% of staff have completed their staff survey to date.

Next Steps

Service Expansion:

Five areas have been identified for service expansion to develop community pathways, including:

- Urgent Community Response (two-hour response)
- Enhancing the Care Transfer Hub to improve discharge pathways
- Front door coordination and redirection to community pathways
- Two-hour domiciliary care response and bridging service.

Group Model:

- Further staff engagement activity planned for mid-November to support the forming of a Group Model with SaTH by April 2026

Group Chief Executive Visits:

- Our Group Chief Exec, Jo Williams is conducting a series of visits to meet staff across our 75 bases. These visits provide colleagues with the opportunity to meet with Jo, discuss their work, and raise any questions.

Flu Vaccinations:

- Currently tracking at the same vaccination rate as 2024. Further staff engagement is planned to encourage uptake.

Staff Survey:

- Further staff engagement is planned to encourage uptake.

Current Activity

New Child and Adolescent Mental Health Services (CAMHS) Service:

- Following a formal procurement process under the national Provider Selection Regime, MPFT has been awarded the contract to deliver a redesigned CAMHS model across STW. The new model has been shaped by extensive engagement and focuses on early help, improved access, and joined-up care.

Prescription Ordering Direct (POD):

- So far, we've heard from over 1,000 patients re response to the POD engagement exercise – this takes place as the POD service is being wound down. Our approach includes an online survey, Easy Read surveys, support from our VCSE partners and face-to-face engagement in practices to help manage a safe transition and signpost patients to the appropriate digital support.

Government NHS Reset Programme:

- lan Green will be taking up his role of Chair for the new ICB cluster arrangement between NHS STW and NHS Staffordshire and Stoke-on-Trent on 1 November 2025.
- The two ICBs commenced an Executive Director-level consultation on 29 September 2025.

GP Out of Hours Service:

- Three weeks into mobilisation, HealthHero has shown a strong, responsive approach in addressing early challenges, which have now all been fully resolved. Ongoing, communication with GP colleagues continues to support service improvement and progress toward 'business as usual'.

All-age Autism and ADHD Review:

- We are undertaking public and professional engagement to understand people's views about ADHD and autism services to help shape improvements for CYP, adults, and families. This includes looking at existing insight gathered by our partners. The engagement approach has involved a public and professionals survey, face-to-face community outreach, workshops, and community engagement partners – we have heard from circa 450 people.

Mental Health Inpatient Transformation:

- As part of the delivery of the 2024–27 strategy for adult mental health inpatient services, a public and professional engagement exercise is being undertaken. Over 130 responses have been received (100+ public, 30+ professional) via an online survey which closes on 4 November 2025.

Next Steps

- CAMHS Service Model:** Mobilisation is now underway, with the refreshed service due to go live on 1 April 2026. Implementation will be phased over three years to support a smooth transition and sustainable transformation.
- POD:** We are continuing regular communication with GP practices to ensure a safe and seamless transition. Vulnerable patients have been identified and highlighted so that appropriate action can be taken. Public engagement will close on 9 November 2025.
- Government NHS Reset Programme:** The Executive Director-level selection process will begin shortly.
- All-age Autism and ADHD Review:** The engagement concludes on 31 October 2025. The insight gathered will be analysed to identify what is working well, what support is missing, and how we can make best use of the resources available to inform future service design.
- Mental Health Inpatient Transformation:** A stakeholder listening event will be held on 19 November 2025 to gather further insight. Feedback will inform the future model of care, with a focus on earlier intervention, improved inpatient experience, and care closer to home.

Current Activity

- Digital inclusion is a core pillar of the STW Digital Strategy.
- The ICS Digital Inclusion Group, a sub-group of the ICS Digital Delivery Group, has been established to oversee the delivery of the system-wide plan for reducing digital exclusion.
- The plan for reducing digital exclusion has been agreed by all partners and focuses on five key areas:
 1. Using data and intelligence to identify people and communities most at risk of digital exclusion.
 2. Strengthening Digital Champions and Ambassadors to help staff, residents, carers and volunteers access digital health tools.
 3. Creating practical resources and tools, including a digital inclusion toolkit and training materials.
 4. Improving access to devices and data through partnerships with local authorities and charities.
 5. Improving accessibility so all patient information is clear, easy to understand and available in multiple languages and formats.
- System partners are working together and pooling resources to deliver the plan.

Progress to date

- Regular digital-literacy drop-ins and training sessions via local authorities, PCNs and GP practices are empowering residents to adopt digital healthcare self-service solutions.
- Refurbished and donated devices made available through partners and charities are providing more people with the means to access and to get online.
- Community learning programmes such as ‘Get Connected’ and ‘Learn My Way’ are helping residents build confidence online.
- NHS App adoption continuing to rise across STW. The NHS App uptake was 54% across STW at the end of 2024/25. According to the latest NHSE data, it now stands at 59% as of October 2025.
- Reasonable Adjustments Digital Flag (RADF) is being implemented. It will ensure that people with disabilities or reasonable adjustments are identified and that services are adapted to their needs where possible.

Next Steps

Through the five pillars of the STW Digital Exclusion Mitigation Plan, our next steps are to:

- Use system data to understand where digital exclusion is happening and target support to those communities most affected.
- Expand the Digital Champions network – train and equip more champions to help residents, staff, carers and volunteers access digital health and care.
- Launch a Device and Data Refurbishment Scheme to recycle NHS and council IT equipment for residents most in need.
- Continue offering digital-skills training, both online and in person, to help people across STW build confidence using digital tools.
- Improve NHS App support and staff training so every resident can easily and confidently use digital health services.

National Neighbourhood Health Implementation Programme (NNHIP)



Current Activity

The NNHIP in Shropshire is a partnership between NHS STW, Shropshire Council, local GPs, NHS Trusts, and the Voluntary and Community Sector, working together to lay the groundwork for Neighbourhood Health. After a successful application to the national programme, Shropshire has joined the first wave and is now collaborating with a national coach to develop a new approach - one that helps people across the county stay happy, healthy, and connected to their communities.

- **The aims of the programme are:**

- Bringing health services, resources and support closer to the communities where people live.
- Promoting preventative healthcare, health education and tailored support.
- Targeting health inequalities and improving access to care.
- Empowering neighbourhoods and individuals to take charge of their own physical and mental health.
- Facilitating partnerships among health services and community groups.
- Developing the broad framework required to provide health provision and services in local communities.

- **The programme is not:**

- A temporary project or about organisational priorities.
- Designed to deliver Health Hubs.
- A replacement for hospital or specialist care or to centralise all health services into a neighbourhood.
- About buildings or care models,
- To replace individual health management and self-responsibility for one's own health.
- Restricted to single health issues or population groups, it is for entire communities, and wider health and wellbeing.

Next Steps

In the first instance, there will be a focus on adults with complex long-term conditions and escalating health needs:

- Will be driven by shared data, population health, community relationships, co-management and coordinated care teams.
- Sharing co-management of long-term conditions across the system with individuals, families and carers, tailoring care planning around what matters to them and moving away from single-disease pathways.
- Development of integrated neighbourhood teams aligning with Primary Care Network geography across five neighbourhood areas, building on successful work already underway with dementia care.
- Building strong community relationships.

Success will be determined by:

- Data sharing across workforce, estates, digital and financial flows.
- The creation of multidisciplinary teams across local authorities, health and social care and voluntary and community partners each of the five neighbourhoods.
- Developments in Community & Family Hubs which complement the programme, maximising the interdependencies and opportunities across both programmes.

Although the bid for Telford and Wrekin was not selected to be part of the first wave of the NNHIP at this stage, the strong partnerships built through the process will continue to support the local ambition to help people stay well and thrive in their neighbourhoods.



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Thank you

For more information, please contact:
stw.communications@nhs.net

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SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	20 th November 2025			
Title of report	Shropshire Integrated Place Partnership (ShIPP) Update			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations	Approval of recommendations (With discussion by exception)	Information only (No recommendations)	x
Reporting Officer & email	Rachel Robinson Rachel.robinson@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	x
What inequalities does this report address?	The ShIPP Committee works to reduce inequalities and encourage all programmes and providers to support those most in need.			

Report content

1. Executive Summary

The purpose of Shropshire Integrated Place Partnership (ShIPP) is Shropshire's Place Partnership Committee. It is a partnership with shared collaborative leadership and responsibility, enabled by ICS governance and decision-making processes. Clinical/care leadership is central to the partnership, to ensure that services provide the best quality evidence-based care and support for our people, improving outcomes and reducing health inequalities.

It is expected that through the programmes of ShIPP, and routine involvement and coproduction local people and workforce can feed ideas and information to inform and influence system strategy and priority development. ShIPP is a formal subcommittee of the ICB Board. This report provides an update of discussions in October 2025.

2. Recommendations – N/A

3. Report

Meeting Name: Shropshire Integrated Place Partnership (ShIPP)

Meeting Date: 16th October 2025

Report Presented by: Tanya Miles, Shropshire Council, Chief Executive

Report Approved by: Tanya Miles, Shropshire Council, Chief Executive

Report Prepared by: Rachel Robinson, Shropshire Council, Executive Director, Public Health

Action Required: For assurance and discussion

1. Summary of Key Discussions and Decisions

- 1.1 ShIPP meets Bi-monthly, with the last meeting on the 16th October. The meeting covered an introduction to the National Neighbourhood Health programme (NNHIP), an update on ShIPP Prevention Funding, the STW Healthy Ageing Strategy and the

Vaccination Improvement Plan and an introduction to the new Out of Hours GP service, run by HealthHero.

1.2 The meeting was quorate

1.3 Two conflicts of interests were declared, concerning bids for ShIPP Prevention Funding

1.4 The meeting was well attended

2. Recommendations to the Board

2.2.1 The Board is asked to note the following briefing report from the Shropshire Integrated Place Partnership.

- The ShIPP Accelerator group presented a written report on their progress for information and introduced the National Neighbourhood Health programme (NNHIP) to the committee.
- It was agreed that the ShIPP Prevention Funding process can proceed to a new timetable with a larger assessment panel.
- The STW Health Ageing Strategy has been approved by the Shropshire Health & Wellbeing Board and the next steps for implementation and ongoing stakeholder involvement were noted.
- The STW Vaccination Improvement Plan received suggestions for improvement and points to consider to improve uptake.
- HealthHero introduced their new out of hours GP service for Shropshire and operational challenges were noted by the committee.

3. Key Risks and Mitigations

There were no risks raised at this meeting

4. Performance and Assurance

4.1 **Assure** - positive assurances and highlights of note:

- **ShIPP Accelerator Group:** the group presented an introduction to the NNHIP and discussion about the importance and relevance of the work took place. A summary will be provided to the group in due course.
- **ShIPP Prevention Funding:** Bids totalling £1,390,117 were received, considerably exceeding the available fund of £499,692. a new timetable was proposed in principle, and a request was made for a larger assessment panel, this was agreed.
- **STW Healthy Ageing Strategy:** the newly approved Healthy Ageing Strategy was presented, outlining its aims, structure, engagement process, and integration with local and national priorities, and discussed next steps for implementation and ongoing stakeholder involvement.
- **Vaccination Improvement Plan:** vaccination uptake data for flu, COVID, and RSV was reviewed. Mixed performance against targets was noted and actions to increase uptake - identifying priority groups with lower uptake, such as those with chronic heart or respiratory disease and diabetes, are in motion.
- **Change of Out of Hours GP Service** - HealthHero introduced their new service, acknowledging challenges during mobilisation and thanked partners for their support.
- **Any other Business:**
Dr. Deborah Shepherd shared that she would be retiring next month. The Chair thanked her for her work with ShIPP.

5. Alignment to ICB Objectives and Core Functions

5.1 The committee's discussion directly aligns with the Joint Forward Plan's key elements of:

- Taking a person-centred approach (including proactive prevention, self-help, and population health to tackle health inequalities and wider inequalities).
- Improving place-based delivery, having integrated multi-professional teams providing a joined-up approach in neighbourhoods, supporting our citizens and providing care closer to home, where possible.
 - ShIPP is a crucial part of the development and delivery of the Joint Forward Plan and ShIPP's new strategy & priorities have been developed with the ICB Strategy Team and our other partners.

6. Next Steps & Forward Plan

6.1

- **The ShIPP ToR** was put out for review in the light of the NHS 10-Year plan and development of neighbourhood health implementation, Claire Parker will compile results and circulate the revised ToR for approval.
- **Energize STW Place Universal Bid** - this has been submitted and an update will be given on results at a future meeting in the new year.
- **NNHIP** - a summary document is being developed to articulate the Neighbourhood Health Implementation Programme for Shropshire and will be shared with partners once it is ready.
- **ShIPP Prevention Bid** – volunteers were requested for a larger working group and a meeting will be convened for assessment of the next stage bids.
- **Healthy Ageing Strategy** – the team will coordinate with the SC Community Wellbeing Outreach Team to identify groups for engagement and support the rollout of the healthy ageing strategy, particularly during the winter wellness tour.
- **Vaccination Improvement Plan** - concerns and suggestions from the committee will be fed back to NHS England, exploring the development of digital and print resources, and sharing communication assets.

Risk assessment and opportunities appraisal -

Financial implications -

Climate Change Appraisal as applicable -

Where else has the paper been presented? System Partnership Boards ICB Board
Voluntary Sector
Other

List of Background Papers N/A

Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead

Rachel Robinson – Executive Director of Public Health (DPH), Shropshire Council
Cllr Bernie Bentick - Shropshire Council Portfolio Holder for Health and Public Protection

Appendices
None

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